



MANAGEMENT SCIENCES for HEALTH

M&L | Management & Leadership Program

891 Centre Street
Boston, MA 02130-2796 USA

Phone: 617.942.9100
Fax: 617.524.1363
www.msh.org

Semiannual Report Management and Leadership Program

January 1, 2003–June 30, 2003

July 31, 2003



Funding provided by the US Agency for International Development under the Management and Leadership Program, cooperative agreement number HRN-A-00-00-00014-00

Table of Contents

Introduction.....	i
M&L Program Highlights.....	iv
Egypt: Leadership Development Program Results One Year Later.....	iv
Indonesia: Support to Decentralizing Health Services.....	viii
Nicaragua: Scaling Up With Mission and MOH Support.....	xi
Afghanistan Health Services Enhancement Project (AHSEP) Ending.....	xiii
Mozambique: At the Intersection of Management and Leadership.....	xiv
Business Planning for Organizational Sustainability.....	xvi
Virtual Leadership Development Program (VLDP): Scaling Up	xvii
Strategic Direction 1: Developing Capacity of Individuals and Teams to Lead and Manage.....	1
Strategic Direction 2: Improving Management Systems.....	28
Strategic Direction 3: Partnering Locally for Sustainability.....	44
Strategic Direction 4: Knowledge Application.....	52
Country Programs Unit.....	71
Worldwide and Units.....	124
Collaborative Activities.....	134
Data and Annexes.....	136

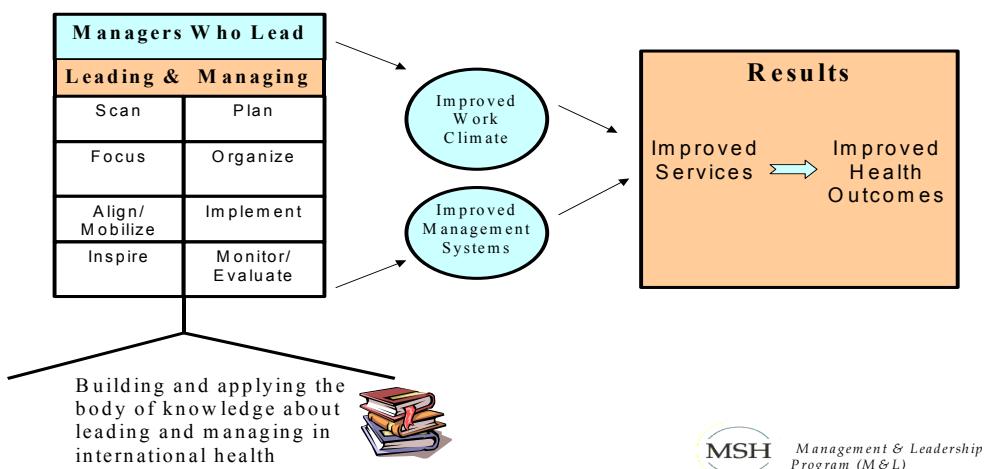
Management & Leadership Semi-Annual Report

January 1, 2003 – June 30, 2003

INTRODUCTION

As the Management and Leadership Program completes Project Year 3, USAID's ten-year Result Package to improve management, leadership, and sustainability of family planning and reproductive health programs continues upon a successful foundation. This foundation is immediately relevant to field needs, quickly responsive to USAID, Missions and clients, and produces results in ways that are replicable across countries.

How do management and leadership contribute to improved service delivery?



Relevant

Mission buy-in is probably the most quantifiable and objective evidence of the value of M&L to the field. This is shown by the dramatic increase in the growth of field support. In PY1 M&L's field support accounted for only 18 percent of total funding. By PY2 field support earmarks rose to 37 percent of total funding, and continued to climb to 69 percent in PY3. The five-year M&L Program was originally awarded with a ceiling of \$57.7 million; as we begin PY4, total expected funding to date now stands at nearly \$55 million or 95 percent of the award amount (see *Funding by FFY* chart in Annex I). In the coming months we will be working with our CTO and Agreement Officer to quickly raise that ceiling and assure that we can continue to be responsive to USAID Mission requests.

In PY3 we worked in 17 field support countries—six of which were new buy-ins. Perhaps more importantly, in two-thirds of these countries we have been working with the client for two or more years. From current and previous project experience we have learned that leadership and management development is a process that takes place over time, and requires commitment and ownership by the client organization. We continue to be fortunate that several Missions have a strategic view and sufficient funding, and have secured long-term M&L engagement—notably Indonesia, Tanzania, Nicaragua, Guatemala, Bolivia and Mozambique have a long-term strategy for assistance in family planning and other health services. Our work in Afghanistan has now evolved into a three-year bilateral program.

An additional benefit of M&L's growth is that we have now achieved a scale that maximizes the cost-efficiency of overall program management. M&L's allocable cost factor (ACF) has steadily dropped each year as some of the "fixed" costs of program management are spread over an increasing base of direct expenditures. PY3 closes with an ACF rate of only 8.85 percent.

Responsive

M&L has demonstrated its responsiveness for rapid impact initiatives. In Afghanistan we were able to quickly launch the AHSEP program in March 2002, which within 15 months made notable impact on that country's ability to deliver basic family planning and health services. The AHSEP project laid the groundwork for Afghanistan's new multi-year, comprehensive rural expansion program. In Nicaragua, an initial investment of core funds lead to field support, which established the value of a national effort to improve management and leadership; the Mission has recently funded a \$2.7 million dollar 14-month bridge program to continue the work of M&L and the bilateral, Prosalud. Our small core-funded leadership development work in Guinea will now be continued and expanded in the MSH bilateral program PRISM for three years.

Replicable

Although M&L is reaching more countries and more organizations, hundreds of family planning and health care institutions still need to improve management and leadership practices. We have established a viable platform and program to reach a far greater numbers of organizations. The Technical Cooperation Network (pages 44 and 45) multiplies the ability to provide technical assistance and tested tools through local firms and individuals. The Virtual Leadership Development Program has reached 26 teams in 16 organizations, applying management and leadership coaching to real-life organizational challenges. The replication of this low-cost program has enormous potential. The experience and know-how from the Egypt program is being documented in a Guide for Leading Performance Improvement; the guide will be used in Mozambique and Afghanistan. The MOH and USAID/Egypt want to scale up this approach and integrate it into the supervision system nation wide in cooperation with CATALYST. M&L work in Mozambique illustrates the approach of leveraging experiences from one country to the next—in this case, from Brazil to Mozambique.

Results-Oriented

M&L begins PY4 with tested and proven programmatic approaches, tools, and technologies to assist organizations achieve results and improve service delivery. The investments made in the previous Family Planning Management Development and the M&L programs are being applied to new situations with tangible results. For example, the application of the *Leading And Managing Framework* –developed in PY1 and 2 and applied and tested in Egypt in PY3—shows that family planning visits to district clinics are on the increase, with one increase as high as 68 percent since the M&L intervention. In Nicaragua, over 540 managers have participated in a ministry-wide leadership development program. Preliminary results show that 75 percent of managers report improvements in productivity at the district level.

Results can also be measured in terms of our success in cost sharing. At the end of PY3 we have achieved \$4.5 million of the \$6.5 million (70 percent of the target) required over the life of the project. This demonstrates the value of the M&L program to non-USAID donors. A full list of these donors is found in the last section of this report.

Our process and tools for measuring these results was advanced considerably in PY3. We have finalized simple, built-in procedures to monitor and evaluate our interventions; we developed a practitioner’s guide on management and leadership indicators, which are helping program staff in M&L and in client organizations articulate the results they hope to achieve.

In both designing and assessing our core-funded projects we have judged our work against the SDI Division’s criteria for effective use of core funds (see sidebar). The highlights in the following pages, as well as the detailed project reports that comprise the body of this Semi-Annual Report, summarize our achievements in this reporting period. And they demonstrate that our activities—both core and field support funded—are grounded in this guidance.

The basic premise of the M&L program is that sound management and leadership practices will lead to better health services and ultimately to better health outcomes. The growing field support programs of M&L provide compelling evidence that health managers in the field have endorsed the M&L approach for improving organizational performance. They have validated our model for “developing managers who lead.”

USAID - SDI Division Discussion Criteria for Effective Use of Core Funds

1. Link with field needs
 - Address an acute felt need
 - Link with field mission/strategic objectives, requests
 - Prioritize needy countries
 - Focus on capacity building of counterparts
2. Fill a gap in current USAID capabilities
 - Create new ways to deliver services
 - Address problems that need to be solved
3. Are leverageable
 - Transferable across countries, cultures, contexts
 - Can be adapted to fit local needs
 - Can be scaled up (diffusion of innovation)
 - Can guide and accelerate technical assistance in many locations
 - Build collaborative efforts with other organizations
4. Demonstrate results
 - Have a rigorous monitoring and evaluation process
 - Learn from experiences across countries
5. Program management costs are allowable
6. Application of established best practices

Management & Leadership Semi-Annual Report

January 1, 2003 – June 30, 2003

HIGHLIGHTS

Egypt: Leadership Development Program Results One Year Later

M&L's project in Egypt has shed light on the chain that links leadership practices, organizational climate, and improved health services. One year after the pilot Leadership Development Program of Egypt (LDPE) began, the evaluation showed that health centers were able to improve their performance when managers applied the practices of M&L's *Leading and Managing Framework* (See Annex VI) to actual organizational challenges.

Nine teams took part in the program; six were clinic teams, three were district teams. All the teams chose performance objectives directed at improved services. Each team chose at least one of the following challenges:

- increasing antenatal visits
- increasing postpartum visits
- increasing percentage of family planning users

The evaluation was conducted in June 2003, five months after the Egyptian teams started to implement their action plans. We evaluated the outcomes of the LDPE in three ways:

1. We measured improvement in leadership practices, using leadership indicators that expanded upon the *Leading and Managing Framework*. (See **Figure 1**.)
2. We analyzed the service statistics relevant to the challenges chosen by the participants.
3. We assessed work climate before and after the program.

Improved Leadership Practices

Figure 1 shows the indicators that were used to measure performance improvement in leadership. We determined whether the groups had succeeded in carrying out the leadership practices outlined in the *Leading and Managing Framework*. We also established a link with clinic-level impact by determining whether the teams had achieved their expected results for health services improvement. Eighty percent of the sites achieved 100 percent of their objectives. The other 20 percent achieved 90 percent of their objectives.

Figure 1. Leadership Indicators Measured by Leadership Development Program of Egypt

Select Challenge	100% of the groups identified actual challenges.
Scan	50% of the groups collected complete valid data. 50% of the groups collected partial valid data.
Focus	100% of the groups prepared written action plans with measurable outputs and a time frame.
Align & Mobilize	100% of the groups had a written action plan mentioning resources and the people needed.
Achieve Results	80% of the groups achieved 100% of their objectives. 20% of the groups achieved >90% of their objectives.
Inspire	Workgroup climate improved dramatically in all groups. 90% of the groups selected a new challenge, without prompting.

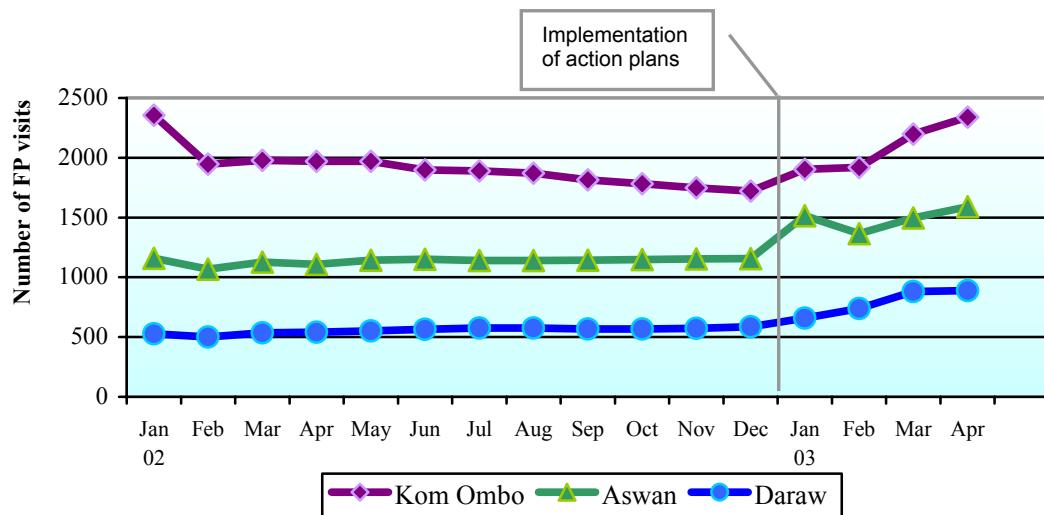
Improved Health Services

Three districts worked on the challenge of increasing the percentage of family planning (FP) users. They made significant efforts to increase the number of new users in the first four months of the implementation phase of their action plans.

- Aswan district increased the number of new FP users by 28 percent.
- Daraw district increased the number of new FP users by 47 percent.
- Kom Ombo district increased the number of new FP users by 68 percent.

Figure 2 shows family planning visits for the three districts that participated in the program: Daraw, Aswan, and Kom Ombo. FP visits in Daraw and Aswan Districts did not show a significant change during the year 2002. However, beginning with the implementation of action plans in January 2003, an increase in the number of FP visits can be seen in all three program districts.

Figure 2. Family Planning Visits (per District)



Improved Work Group Climate

All the work groups showed a marked improvement in work group climate, as measured by M&L's climate assessment instrument. (See **Figure 3** for the 14 items measured in the *Work Group Climate Assessment*). Assessments made by the 35 participants showed that workgroup climate was scored near the bottom of the scale at the start of the program. At the end of the program, the same work groups scored their climates near the top.

Work Group Climate Assessment

1. We are recognized for individual contributions.
2. We feel we have a common purpose.
3. We have the resources to do our jobs well.
4. We develop our skills and knowledge.
5. We have a plan which guides our activities.
6. We strive to improve our performance.
7. We understand each other's capabilities.
8. We are clear what is expected in our work.
9. We seek to understand the needs of our clients.
10. We participate in decisions that affect the workgroup.
11. We take pride in our work.
12. We readily adapt to new circumstances.
13. Our workgroup meets quality standards.
14. Our workgroup is productive.

Figure 3. M&L Work Group Climate Assessment

- **Start of the program:** On a scale of 1 to 5, the average score for work climate as assessed by *team members* was 2.3; *managers* ranked work group climate even lower, at 2.0.
- **End of program:** At the close-out of the LDPE, both *team members* and *managers* raised their assessments of the work group climate; for both *team members* and *managers* the average score rose to 4.5 on the 1 to 5 scale.

By the end of the program, observers noted that the staff that participated in the program were highly committed to producing results in their teams. They demonstrated their enthusiasm for the leadership development program by volunteering to transfer the program to other clinics in their districts—without further technical or donor support. A significant change was the empowerment of nurses, who are now playing a leading role in their teams, choosing fresh challenges, analyzing root causes, and leading the implementation of new practices in the clinics.

Model for Improving Health Services

In addition to work group climate changes, and actual improvements in service delivery at the clinic level, the knowledge from this project is being documented in a *Guide for Leading Performance Improvement*.

The *Guide* will help other country projects replicate the experience in Egypt through well-documented process and tools. The knowledge gained in Egypt is already being used to inform the design of our Managers Who Lead program in Mozambique. The MSH REACH program in Afghanistan is considering the *Guide*.

The performance improvement process that contributed to improved service and climate outcomes in Aswan is also being incorporated into a reform of the supervision system in Egypt's population sector, a reform led by the Catalyst Project (the bilateral project in Egypt). M&L has been asked to contribute our experience to the creation of a supportive supervision system.

Indonesia: Support to Decentralizing Health Services

With more than \$5 million in field support funding from USAID/Jakarta since 2002, the M&L program in Indonesia is directed at the central, provincial, and district levels of the health system as the country faces the many challenges created by decentralization.

M&L's objective is to improve the management of essential public health functions, including family planning, in 14 target districts. Within this mandate, M&L cooperates with dozens of agencies and partners from the public and private sectors to improve districts' capacity to plan, manage, and monitor delivery of essential health functions through strengthened managing and leading practices.

Our technical assistance focuses on three main areas:

1. Essential public health functions including family planning
2. Drug management
3. Public health management in districts

Essential Public Health Functions

Indonesia's model of decentralization makes *districts* responsible for identifying, planning, and budgeting the most urgent health care priorities. Unfortunately, few managers at the district level have the knowledge, skills, or adequate data to plan, manage, monitor, and advocate for essential health care, including family planning.

To fill this gap M&L is providing technical assistance in defining and prioritizing obligatory public health functions and priority management systems. We are working with the MOH, the Ministry of Home Affairs (MOHA), and Indonesia's family planning coordinating board, BKKBN.

Developed list of obligatory health functions.

During this reporting period we made significant progress in developing a list of functions and basic health services that districts and municipalities will be obligated to perform to minimum service standards.

Adjusted management systems.

In close collaboration with the USAID bilateral program, M&L is assisting the BKKBN to focus on adjusting management systems so that central staff can execute the structural changes required by decentralization.

Cost-effective Management of Essential Drugs

In a system fragmented by decentralization, essential drugs and commodities often do not reach the people who need them. M&L is working with district and provincial health offices to develop harmonized (pooled) procurement systems, to create effective drug budgeting and management systems, and to ensure that timely reports about consumption and stock levels are available to the public health system at all levels. Our efforts are aimed at creating and supporting systems that reduce costs per unit and ensure drug quality.

Developed assessment instrument, determined drug availability, disseminated findings.

During PY3, M&L reviewed overall drug availability and management, including drugs used in TB, leprosy, STI/HIV, malaria, vitamin A, and EPI programs. We developed an assessment instrument to survey drug availability and management and held workshops in June 2003 to disseminate survey findings. Baseline results show reductions in provincial drug procurement budgets; stock-outs of essential drugs at the district and health center levels; improper prescribing practices; and inadequate transportation budgets which are restricting distribution and use of program drugs.

Developed training materials to promote rational use of TB drugs.

Cost-effective procurement and distribution, along with more rational use of drugs, will increase drug availability and selection. To improve rational drug use, M&L is helping public officials establish better treatment protocols for communicable diseases including TB and STI/HIV.

Public Health Management in Districts

The M&L Program works with the MOH and provincial health offices in focus provinces and districts to develop and field-test methods to establish performance-based planning and budgeting for essential public health services. The tools and procedures that come out of these efforts will enable districts to prepare well-realized annual workplans and budgets that focus appropriately on the most cost-effective services for the poor. Our planning and budgeting approach is adapted from a methodology, best practices, and tools developed by MSH in the Philippines.

Led district teams in planning and budgeting.

In March 2003, M&L led the first practicum on planning and budgeting for essential health functions in two West Java districts that have a combined population of over 3 million people. The course syllabus, available in Indonesian and English, will be used in other target districts over the next few months.

Developed strategy for scaling up public health management tools and technology.
A critical next step is to roll out effective management methods to other areas of the country. To scale up nationally, we will work with provincial health officers so that they can assume responsibility for introducing public health management tools and technologies to districts and municipalities. MOH technical advisors and a university network will support them.

During this period, M&L began work with universities and other institutional partners to explore the possibilities of blended-learning programs on public health management; such programs incorporate interactive CD-ROM and/or Web technology and will allow managers to disseminate sound practices into additional districts without M&L technical assistance.

Nicaragua: Scaling Up With Mission and MOH Support

Promising results from the MSH bilateral project, Prosalud, and M&L's core-funded leadership development program in Nicaragua led the MOH and USAID Mission to conclude that focusing on management and leadership would yield valuable benefits. In April 2003, M&L began a 14-month project, funded by USAID/Nicaragua to sustain and scale up the key interventions that were implemented by the Nicaraguan MOH with the technical assistance of Prosalud and M&L. M&L's support is aimed at improving health services and ultimately health status.

Leadership development, which began as a core-funded pilot program in PY2, was extended with modest field support in PY3 and has now become a program "owned" by the MOH and completely field-support-funded. (**Figure 4** summarizes the numbers of people who went through the program in PY2 and PY3 and are projected to participate in programs in PY4.) Leadership development fits into an overall effort to reform and modernize the MOH.

Figure 4. Participants in Nicaragua's Leadership Development Program

Nicaragua LDP	Funding	Participants	Regions (SILAIS)	Municipalities
PY2 July 2001-June 2003	Core	215	3 (Matagalpa, Jinotega, Boaco)	12
PY3 November 2002-June 2003	Core and field support	324	3 (Matagalpa, Jinotega, Boaco)	17
PY4 July 2003-June 2004	Field support	690 expected	4 (Rivas, Esteli, Masaya, Madriz)	35 expected
Totals		1,229	7	64

Encouraging Results Lead to Program Expansion

In the two-year period from July 2001 to June 2003, more than 500 Ministry of Health personnel—including local teams who run health posts and health centers and directly deliver health services—participated in M&L leadership development programs. They worked on the challenge of improving organizational climate in order to improve staff motivation and performance.

Following the first program in PY2, 8 out of 12 municipalities and one regional level office improved their overall organizational climate, as measured by an organizational

climate survey from the Pan American Health Organization (PAHO). Seventy-five percent of a sample of managers who took the first Leadership Development Program (LDP) reported improvements in service productivity. Some municipalities reported increases in family planning coverage that they attributed to improved organizational climate and better team integration and focus.

During the second LDP (November 2002-June 2003), 14 out of 16 municipalities improved organizational climate as measured by the PAHO survey instrument. Client satisfaction data collected at many of the municipalities also went up. Every manager from the second leadership development program reported increases in service productivity. For example, two health posts in the municipality of Boaco achieved more than 100 percent of their goals for prenatal coverage. During the national immunization day, Matagalpa achieved 100 percent of its goals, due to team work and a common shared vision.

Nicaraguans “Buy Into” Leadership Development

Central level decision-makers in the MOH have endorsed the program and are working with M&L to replicate it nationwide. In PY4, an additional 690 participants—from central level MOH managers and staff, four new regions, and the municipalities in those regions—are expected to go through the LDP, with financing from USAID/Nicaragua.

To monitor and evaluate the leadership development programs in PY4, M&L will track changes in work climate at the municipal level. Health managers who deliver health services (including family planning) at the local level will track associated changes in service utilization and client satisfaction.

Afghanistan Health Services Enhancement Project (AHSEP) Ending

When USAID needed rapid impact for the post-war efforts in Afghanistan, it turned to M&L, which launched the Afghanistan Health Services Enhancement Project (AHSEP) in March 2002 and proceeded to work with impressive speed over the next 15 months. Accomplishments included:

- compiling a comprehensive survey of health facilities throughout the country
- providing support to the MOH in building a decentralized health infrastructure from the ground up
- expanding urgently needed health services by awarding grants to local organizations and small NGOs

In the past reporting period, M&L completed most AHSEP activities and facilitated the transition to the follow-on program, USAID's Rural Expansion of Afghanistan's Community-based Healthcare (REACH). This three-year \$100 million program was awarded to MSH.

During PY3, 17 performance-based grants were awarded, worth \$2.35 million dollars. NGOs are using the funds to operate a range of activities, including emergency malaria and leishmaniasis control programs in Takhar, Baghlan, and Kunduz; primary healthcare programs in Herat, Faryab, and Farah; the World Vision women's healthcare program in Badghis; MedAir's Badakhshan rural access and health care program; community-based health training from International Assistance Mission in Ghowr; and coordination of humanitarian assistance.

The grants program covered an area with a target population of 3.8 million in 17 provinces (61 districts).

- 16,685 women received enhanced health education.
- 6,728 births were attended.
- 25,656 women and children received supplementary feeding.
- 860,000 woman and children were vaccinated.
- 191,724 individuals were educated or treated at clinics, about 75 percent of whom were women and children.
- 400 community health workers increased family planning awareness in 13 provinces.
- In addition, some \$200,000 in contraceptives were provided through the USAID procurement system to health facilities in 25 provinces.

Through REACH, USAID will award \$30 million in grants beginning this summer. Building on the foundation of technical assistance provided by AHSEP, MSH will also continue support for the MOH, which is charged with addressing Afghanistan's urgent health priorities by means of an effective and efficient mix of public and private initiatives.

Mozambique: At the Intersection of Management and Leadership

M&L's work in the Mozambique project has presented significant opportunities to leverage knowledge in three ways:

1. Knowledge transfer between Brazil and Mozambique
 2. Legacy of tools introduced during the FPMD program—leveraging USAID's prior investments
 3. Contributions to the knowledge base about management and leadership
-

Knowledge Transfer Between Brazil and Mozambique

In late 2002, the Ministry of Health (MISAU) indicated an interest in strengthening leadership skills throughout the ministry—but the interest was coupled with hesitation: Could a leadership initiative take root in the public sector? To assist MISAU answer this question M&L organized a two-day dialogue on leadership for senior level ministry officials in February 2003. Since M&L needed facilitators who could address MISAU's specific concerns, the team included people directly responsible for a similar effort in Brazil. A leadership specialist and the senior public sector official from one of Brazil's poorest states (Ceará) joined the team.

The two-day dialogue generated commitment to leadership development from both MISAU and USAID. Since then, M&L has worked with Mozambican health officials to develop the building blocks for an effective program focused on managers who lead. Internal champions have emerged to provide an “enabling environment” to make such a program successful.

In the current phase of the Managers Who Lead program, M&L continues to involve the lead Brazilian consultant. We are working with almost 90 MISAU central level staff.

Legacy of Established Tools

MISAU brought important strengths to the leadership development effort, in part because of its familiarity with the management improvement process introduced into the country in 1999 by the Family Planning Management Development Program (FPMD).

Mozambican health planners have been using MOST (MSH's Management for Organizational Sustainability Tool) since 1999, with no outside technical assistance. This tool has been integrated into the country's health management practices (under the name “MOSTambique”) along with another FPMD tool—FIMAT, the Financial Management Assessment Tool. Both are required steps in the provincial level strategic planning process.

MISAU has requested that M&L introduce MOST into the leadership development program. The M&L team will be using an updated version of MOST to support a key element of our Managers Who Lead program—the phase in which managers identify leadership challenges and develop action plans to address them.

Contribution to the Worldwide Knowledge Base

We are using materials from M&L's just-completed leadership development pilot in Egypt as resources to shape the Mozambique program. In addition, the breadth of the mandate in Mozambique offers M&L the opportunity to develop and refine our interventions, especially those that dwell at the intersection of management and leadership.

With MOST scheduled in two central level directorates in September, Mozambican health managers will be certain to identify challenges that are aligned with MOST priorities. This ensures that the challenges chosen by the program participants are realistic, actionable, and of high priority. This intersection between the two arms of our program will unite leadership development, as it is applied to build individual skills, with management interventions aimed at improving overall systems. What we learn in Mozambique will enable M&L to inform and strengthen M&L programs in other countries.

Business Planning for Organizational Sustainability

Several prior reports have followed the progress of M&L's pilot program, *Business Planning for Sustainability*, which trains NGO managers and health care providers in business planning.

- Four of the six organizations that have completed the program have received partial funding to advance aspects of their business plans. CIES, for example, which provides reproductive health services to impoverished women, wrote a business plan for rolling out affordable reproductive health services to men. Engenderhealth has agreed to provide approximately half the funds needed for this initiative. APROSAR, whose business plan called for creating a manual that cross-references traditional and Western treatment protocols, has received a modest grant from the Belgian government to produce the manual.
- NGO staff have incorporated the business planning format into their organizations, adopting a more proactive attitude, improving internal processes and systematization of information, and presenting new ideas to potential funders.
- PROCOSI, Bolivia's largest health NGO network, which co-developed the program and served as the program's test site, has now been trained to take the lead in delivering the business planning program in Spanish. PROCOSI has a lengthy roster of prospective clients lined up for the next year. The Bolivian Ministry of Municipalities is negotiating a contract for PROCOSI to deliver the program to more than 200 municipal officials. Members of the Nicasalud Network in Nicaragua, and teams of Nicaraguan public sector health managers are also scheduled to participate in the program.
- In April, the Ghana Social Marketing Foundation (GSMF), a social marketing NGO that is the leading provider of family planning services in Ghana, was introduced to the business planning program. This is a first step in training the organization to deliver the program in English (and eventually in French) throughout Africa. GSMF has shown commitment to and excitement about serving in this role in Africa, where demand for business planning is extensive and growing.

Virtual Leadership Development Program (VLDP) Scaling Up

In PY3, the *Virtual Leadership Development Program (VLDP)* was delivered to 203 health managers throughout Latin America. In two separate offerings in Spanish, the 12-week blended learning program—which combines individual web-based work with face-to-face team meetings in organizations—reached management teams from both the private and public sectors in Bolivia, Brazil, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, and Peru.

During this reporting period, 15 teams (122 individuals) participated in the program, including participants from the central and decentralized levels in public sector health organizations, NGOs, and international aid agencies including a faith-based PVO, Catholic Relief Services. (See **Figure 5.**)

Figure 5. Participants - Virtual Leadership Development Program (VLDP)

	Organizations	Teams	Participants	Countries
VLDP 1 October-December 2002	11	11	81	7 (Bolivia, Brazil, Guatemala, Honduras, Mexico, Nicaragua, Peru)
VLDP 2 March-June 2003	5	15	122	5 (Ecuador, Guatemala, Honduras Mexico, Nicaragua)
Totals	16	26	203	8

The VLDP extends leadership development opportunities into the workplace for health managers and their teams, who seldom have the time or the resources to attend offsite leadership development programs. Since the program is designed for teams rather than individual managers, workgroups can enroll together and then set their action plans into motion at their workplaces. Participants have access to the VLDP website during the program, receive follow-up support after the program is completed, and receive a course CD and workbook.

Many program participants are drawn from organizations that deliver FP/RH and other primary health care services. All teams selected actual organizational challenges to work on during the VLDP, with performance goals that ranged from improving financial sustainability to raising quality of care and streamlining logistics/supplies systems. For example, ASHONPLAFA (Honduras) has set the goal of achieving 70 percent financial sustainability by 2007; Maxsalud (Peru) will improve diagnoses and treatment guidelines; PMSSII, a quality-improvement organization for Guatemala's hospitals, will develop an

organizational manual and Intranet covering administration, finance, procurement, information technology, and other topics. The teams made progress on their action plans during the 12-week VLDP and presently both VLDP cohorts from PY3 are continuing to receive virtual coaching follow-up from M&L.

Some five years of prior investments in learning have been built into the VLDP. The design and testing of this and other M&L electronic platforms was cost-shared by the Gates Foundation.

In PY4, the VLDP will be offered to English-speaking health managers in Africa and the Caribbean and to Portuguese-speaking managers from HIV/AIDS NGOs in Brazil. The program in Brazil will be co-sponsored by USAID's Human Capacity Development Initiative for HIV/AIDS and the Brazilian National AIDS Commission, a world-renowned program that offers technical assistance in HIV/AIDS to 40 countries, many of them in Africa. The VLDP will also be offered again in Spanish in Latin America. It is expected that the VLDPs in English, Portuguese, and Spanish will reach up to 250 managers in health care organizations in PY4.

Strategic Direction 1

Developing Capacity of Individuals and Teams to Lead and Manage

Pilot Program: Egypt	2
Pilot: India	4
Ghana	5
Pilot Program: Guinea	6
Nicaragua MOH: Leadership Development Program	7
Technical Assistance Products	8
LeaderNet Electronic Support Program	9
The Manager Issue on Organizational Climate	11
The Manager Issue on Leading Decentralization	12
The Manager Issue on FIMAT (Financial Management Tool)	13
Foreign Editions of The Manager	14
Leadership Booklet	15
Leadership Handbook	16
CAFS Leadership Activities	17
Capacity Development Planning	18
Consulting for Results Course	19
Virtual Leadership Development Program	20
E-Learning Pilot	22
Management Link	23
Human Capacity Development	24

Pilot Program: Egypt

Project Manager	Task	SubTask	Status/Notes
Galer, Joan	A2EGCPDI	90XXMH	Twelve month pilot program to develop district level managers to lead performance in improvement projects in their clinics.
Outcome/Output/Activity			
Outcome: 1 A Core team, which consists of members from the Central Ministry of Health, will own and implement a Leadership Development Program using their trainers and consultants in two districts in Upper Egypt.			Completed - The Egypt Leadership Project will be completed by the end of June. Six Training workshops were conducted reaching 40 participants.
Output: 1.1 Members of the Core Team are trained by MSH technical staff in Leadership Development skills.	1.1a Conduct a 5-day training workshop in Egypt for a Core Team of 10 MOH staff.	Completed	Completed this period
Output: 1.2 A pilot Leadership Development Program including an evaluation of success is implemented by the Core Team with assistance from MSH M&L Technical staff.	1.2a Prepare and design a 3-day participatory workshop for 10 stakeholders and 30 district participants in Egypt.	Completed	Completed this period
	1.2b MSH staff and 10 Core Team members setup and launch a 3-day participatory workshop in Egypt for 10 stakeholders and 30 district participants.	Completed - June 2002	Completed - June 2002--Introduced participants M&L framework. Provide overview of the program. Participants identified priority challenges in their districts and identified areas that need to be scan to understand their challenges
	1.2c MSH staff prepares & designs a range of assessment instruments in US to measure success of the 3-day participatory workshop.	Completed - August 2002	Completed - September 2002
	1.2d MSH and 1 Core Team member assess & analyze gaps in leadership ability and organizational capacity at a 3-day participatory workshop.	Completed - October 2002	Completed - October 2002--participants learned to scan their current conditions and challenges. Learned to implement a Clinic Climate Survey to assess the level of support and staff commitment.
	1.2e MSH staff prepare & design a 3-day workshop in US to support Core team in helping district-level participants define their challenges.	Completed - November 2002	Completed - November 2002--participants selected specific challenges and set their goals. Created project plans to carry out their goals
	1.2f One Core Team member with support from MSH staff conducts a 3-day workshop with district-levels participants and stakeholders in Egypt to select challenges.	Completed - December 2002	Completed - January to June, 2002--Participants learned how to monitor progress weekly and learned how to inspire others through acknowledgement
	1.2g MSH staff prepares a detailed design of educational elements required to address the 6 monthly 1-day workshops to help the district-level participants to address specific challenges and problems.	Completed	
	1.2h One Core Team member conducts six 1-day monthly workshops to help the district-level participants address specific challenges and problems.	Completed	

Pilot Program: Egypt

1.2i MSH staff give technical support to Core Team and Governorate Stakeholders to identify the support they will need to build and sustain an ongoing leadership development process.	Completed - June 2003
1.2j MSH staff prepare & design a detailed re-assessment of individual leadership abilities and organizational capabilities for a 3-day workshop in Egypt.	Completed - June 2003
1.2k MSH staff conducts a three-day reassessment workshop in Egypt with the 30 district level participants, 10 stakeholders, and 10 Core Team members to identify challenges of the leadership development program and then presents the results.	Completed - June 2003 -Participants learned how to measure results and improvements. They also assessed their progress and the gaps that still exist.
1.2l Provide ongoing management and back-stopping support to all activities.	Completed - June 2003

Pilot: India

Project Manager Ellis, Alison
Task A2INCPD1
SubTask 90XXSH

Outcome/Output/Activity

Outcome/Output/Activity	Task	SubTask	Status/Notes
Outcome: 1 State MOH management in LIP/India areas has identified their management and leadership challenges and activities for improvement.			Cancelled
Output: 1.1 State MOH staff in LIP/India areas are introduced to leadership development program.			Cancelled - USAID Mission is developing its new bilateral program. Expansion of LIP/India under consideration in this new context.

- 1.1a Initiate engagement process with LIP/India and USAID/Dehi.
- 1.1b Design and deliver introductory program.
- 1.1c Follow-up with counterparts, according to schedule.
- 1.1d Provide ongoing management and back-stopping support to all activities

Ghana

Project Manager	Task	SubTask	Status/Notes
O'Neil, Mary	A2GHC PDI	90XXMH	
Outcome/Output/Activity			
Outcome: 1 By June 2003, the HR Division of the MOH in Ghana has improved capacity to fulfill its HR functions in the implementation of the CHPS project.			Not yet programmed - The Ghana Health Services has not requested, nor defined the next step in this process as of June, 2003. However, an HR assessment
Output: 1.1 HRM strategy designed by Ghana Health System to develop HRM functions at the regional level.	1.1 Develop regional level HR strategy with regional HR directors and selected HQ staff and train MOH staff to apply HRM tool.		Not yet programmed - HR Assessment completed by M&L and report submitted to USAID on November 5, 2002.
			Not yet programmed - Pending review of HR assessment report and development of strategy.
Output: 1.2 A core of regional and central level MOH staff from Ghana are trained as trainers in leadership development.			Not yet programmed - Pending review of HR assessment report and development of HR strategy.
	1.2a Prepare Leadership Development Workshop modules and materials		Not yet programmed
	1.2b Conduct training of trainers workshop for core team of headquarter and regional HR staff and selected CAS.		Not yet programmed
	1.2c Provide follow-up coaching on LDP initiative		Not yet programmed
	1.2d Provide ongoing project management		Not yet programmed

Guinea

Project Manager

Vriesendorp, Sylvia

We have completed a one year leadership strengthening process for regional and senior central level officials from the MOPH in Guinea. The program was launched with two two-day Dialogues (to accommodate the schedules of senior officials) at which some 20 people participated from the highest levels. The program was then launched in June 2002 with a series of three one-week modules, each covering a broader circle (self - group - environment), intensive questioning and reflection. In November 12 people received certificates from the Minister of health himself with a speech that acknowledged the importance of this work for Guinea. A "catch-up" workshop was held for the nine officials from the central level who had dropped out earlier and their full engagement was secured. Two months after the rest of the workshop, a three-day coaching workshop was given to help prepare the participants in the first cohort to support future cohorts below them who will participate in some future leadership strengthening programs.

At the same time an evaluation was conducted with field visit and interviews of the participants as well as their work teams. The evaluation showed that the most significant results of the program could be seen in the management area and related to teamwork, delegation, supervision, and transparency at work. This program was a collaborative effort of M&L, the MSH bilateral (PRISM), the MOH, and the USAID mission.

Outcome/Output/Activity

Status/Notes

Task	SubTask	Outcome/Output/Activity	Status/Notes
A2WWCPDI	90XXSH	Outcome: 1 In June 2003, 15 senior central and regional level health professionals will have incorporated the leadership functions of scan, focus, align, and inspire into their daily routine.	Completed - Completed June 2003.
		Output: 1.1 15 participants have successfully completed the leadership development program. (11 participants are sponsored by M&L and 4 by PRISM).	Completed - Twelve participants plus two facilitators, PRISM (the MSH bilateral) supported two regional directors from PRISM's region as well as some of the people at the central level. M&L supported the other five regional directors.
		1.1a Conduct second one-week leadership development module in Guinea (second in a series of three workshops; first workshop completed in PY2).	Completed - Twelve people participated (seven regional plus five central).
		1.1b Prepare third leadership development module in D.C. with support from Boston and CAFS staff.	Completed
		1.1c Conduct third one-week leadership development module in Guinea.	Completed - Thirteen people participated (seven regional and six central). The minister of health came undertook the two-hour drive on a Saturday to personally hand out the certificates. Ceremony was attended by Neil Woodruff (HPN/USAID Conakry).
		1.1d Conduct after-action review of leadership development program in Boston with key actors.	Completed - Brown bag for MSH; review meeting within M&L; review meeting of evaluation findings.
		1.1e Implement follow-up to Leadership Development Program.	In Process - One catch up workshop for the most senior levels and one coaching workshop for the first cohort plus those participating in the catch up workshop completed. Twenty-one persons in total, one more support activity (topic DTB) will be undertaken in PY4.
		Output: 1.2 Results of Leadership development program are documented	In Process - Most of the documentation has been recorded and saved on the M&L network, and CDs have been distributed to all people involved.
		1.2a Prepare documentation of three Guinea Leadership Development modules.	In Process - Most of the documentation has been recorded and is available in both print and electronic formats.
		1.2b Provide ongoing management and back-stopping support to all activities.	In Process - Ongoing activity.

Nicaragua MOH: Leadership Development Program

Project Manager	Task	SubTask	Status/Notes
Johnson, Sarah	A2NICPDI	90XXMH	
M&L is conducting the second face-to-face Leadership Development Program for the Ministry of Health in Nicaragua. The first one was conducted for managers of 12 municipalities in PY2. This current LDP has been offered to MOH managers from 17 municipalities in the same three regions of Matagalpa, Boaco, and Jinotega.			
Outcome/Output/Activity			
Outcome: 1 Leadership capacity is improved among MOH managers in 17 new municipalities in the Departments of Matagalpa, Boaco, and Jinotega and among MOH managers in 12 municipalities from PY2.			Completed - LDP completed for managers of 17 municipalities, in close collaboration with central MOH and regional offices. Manual with all of the LD modules being published. Strategy being evaluated for a national scale-up.
Output: 1.1 Learning modules in leadership development refined based on PY2 experience, organizational climate assessment, and identification of current challenges.		Completed	
1.1a Meeting/discussion of organizational challenges with 17 municipal heads.		Completed	
1.1b Conduct initial organizational climate study in 17 municipalities.		Completed	
1.1c Analyze results of organizational climate study.		Completed	
1.1d Review results of climate study.		Completed	
1.1e Refine learning modules based on results of study.		Completed - The LDP was delivered to 17 municipalities and has recently concluded.	
Output: 1.2 Thirty-four MOH managers from 17 municipalities are trained in leadership development.		Completed - Completed June 2003.	
1.2a Deliver six one-day learning modules and provide on-site support for leadership development.		Completed	
Output: 1.3 Results of process evaluation documented.		Completed - Completed November 2002.	
1.3a Replicate organizational climate study in 17 municipalities.		Completed	
1.3b Conduct interviews with managers for additional evaluation of leadership development program.		Completed	
1.3c Analyze results and write evaluation report.		Completed	
1.3d Review evaluation report.		Completed	
1.3d Edit evaluation report.		Completed	
1.3e Conduct meetings to disseminate results.		Completed	
Output: 1.4 Twenty-four managers from 12 municipalities (trained in PY2) receive additional training and support in leadership development.		Canceled - Full attention has been given to LDP with 17 municipalities this FY: initial climate study, LD modules, support with their action plans.	
1.4a Prepare three new leadership (follow-up) modules for municipal managers.		Completed	
1.4b Deliver three one-day modules to managers from 12 municipalities.		Completed	
1.4c Provide ongoing management and back-stopping support to all activities.		Completed	

Technical Assistance Products

Project Manager	Task	SubTask	Status/Notes
Galer, Joan	A2WWCPD1	90XXPD	
Outcome/Output/Activity			
Output: 1 Technical assistance products will be developed to support leadership and management development in the field.	1.1 Climate Instrument is developed, field tested and produced for use in multiple settings to assess the impact of leadership and management development interventions.	In Process - Some activities will proceed in PY4. Initial version of Workgroup Climate Assessment Instrument was developed. The Guide for Managers is in process to be completed in early PY4.	
	1.1a Review existing literature on organizational climate and collection of tested climate instruments, including lessons learned from Nicaragua leadership development pilot.	Completed	
	1.1b Work on preliminary design of M&L Organizational Climate Instrument.	Completed	
	1.1c Test and validate organizational climate instrument in three field sites.	Postponed - Rescheduled for PY4.	
	1.1d Refine and package organizational climate instrument.	Postponed - Rescheduled for PY4.	
Output: 1.2 Instrumental Modules for Managers Who Lead framework are developed, tested, and formatted for replication across field projects.	1.2a Collect, sort, and organize successful leadership and management development interventions into effective instructional modules.	In Process - Some activities will proceed in PY4.	
	1.2b Standardize and format modules.	Completed	
	1.2c Provide training to M&L technical staff on the use of these modules.	In Process - Scheduled for completion June 2003.	
	1.2d Promote and educate M&L partners and counterparts about the Managers Who Lead framework and intervention modules.	Postponed - Will proceed in PY4.	
	1.2e Provide ongoing management and back-stopping support to all activities	Postponed - Will proceed in PY4.	

We have developed an instrument to assess the impact of leadership and management development interventions on workgroup climate and also a set of Modules which support the Managers Who Lead framework. These Modules are available for replication across field projects.

LeaderNet Electronic Support Program

LeaderNet Electronic Support Program

Output:	1.3 Assessment of second country is conducted and used as planning foundation for first phase of LeaderNet implementation.	Cancelled - It was decided to focus on the interactive Web-based hub before moving into another country.
	1.3a Select country for first phase of LeaderNet implementation.	Cancelled
	1.3b Evaluation TDY, including planning workshop with client/partners to establish working relationships and to map first steps, including M&E.	Cancelled
	1.3c Establish work plan for adaptation and implementation.	Cancelled
	1.3d Prototype and test integrated electronic support product with client; deliver training in EP.	Cancelled
	1.3e Implement product with ongoing support for initial phase.	Cancelled

The Manager Issue on Organizational Climate

Project Manager	Task	SubTask	Status/Notes
Bahamon, Claire	A2WWCPD1	97MaPU	
Outcome/Output/Activity			
Outcome: 1 An in-depth resource about employee motivation and work climate is available for health managers to use to assess and improve their work groups' climate and ultimately performance.		Completed	
Output: 1.1 A new issue of The Manager is produced as a reference for health managers on how to improve organizational morale and climate.	1.1a Develop and review the content for issues of The Manager which reflects the thinking of a core development group and MSH experience on improving organizational climate.	Completed	Completed - Completed in June 2003.
	1.1b Prepare final draft of the issue.	Completed	
	1.1c Produce print ready copy of the issue.	Completed	
	1.1d Print publication, distribute to a special mailing, and make it available for orders from managers worldwide, MSH staff leading workshops, CAs, donors.	Completed	

In June 2003, Volume 11, Number 3 of The Manager titled "Creating a Work Climate that Motivates Staff and Improves Performance" was published in English. The periodical is read by 8,000 readers in 189 countries.

The Manager Issue on Leading in Decentralization

Project Manager	Task	SubTask	Status/Notes
Outcome/Output/Activity			
Outcome: 1 An in-depth resource is available to help health managers change their roles and assume new responsibilities in decentralized health systems.			Completed this period - This issue of the Manager has been used in Egypt and Guinea LDP interventions. It has been distributed to 17,000 managers across the developing world in three languages.
Output: 1.1 A new issue of the Manager is produced as a reference for health managers working in decentralized health systems.			Completed - Published and distributed in three languages (English, Spanish, and French) as planned.
1.1a Develop and review the content for an issue of The Manager which reflects the thinking of a core development group and MSH experience on leadership in decentralization.			Completed
1.1b Copyedit and format issue and prepare files for the printer.			Completed
1.1c Print publication, distribute to a special mailing, and make it available for orders from managers worldwide, MSH staff leading workshops, CAs, donors.			Completed

In March 2003, Volume 11, Number 1 of The Manager titled "Exercising Leadership to Make Decentralization Work" was published in English.

The Manager Issue on FIMAT (Financial Management Tool)

Project Manager	Task	SubTask	Status/Notes
Bahamon, Claire	A2WWCP1D2	97MBPU	
This new issue of The Manager will capture information on assessing the capacity of organizations to manage their finances based on experience using FIMAT (Financial Management Tool), and other financial management tools, in Mozambique and other countries. This capacity is essential for organizations seeking large increases in donor funding.			
Output: Outcome: 1 Health managers have the knowledge to better manage their health programs.	1.1 A new issue of the Manager is produced as a reference for health managers	In Process	
	1.1a Develop and review the content for an issue of The Manager which reflects the thinking of a core development group and MSH experience on leadership in decentralization.	Completed	
	1.1b Copyedit and format issue and prepare files for the printer.		In Process - Scheduled to be completed in the second half of 2003.
	1.1c Print publication, distribute to a special mailing, and make it available for orders from managers worldwide, MSH staff leading workshops, CAs, donors.		In Process - Scheduled to be completed in the second half of 2003.

Foreign Editions of The Manager, carried over from PY2

Project Manager	Task	SubTask	Status/Notes
Bahamon, Claire	A2WWCPD1	97GLPU	
Outcome/Output/Activity			
Outcome: Health managers in Latin America and Francophone Africa have practical, state-of-the-art materials on managing health programs and organizations.	In Process - Work Climate issue translated into French and Spanish. Printing and distribution will happen at start of PY4. Translation of the Financial Management Assessment issue will happen in PY4.		
Output: 1.1 Practical, state-of-the-art materials on leading and managing health organizations are produced for managers in Latin America and Francophone Africa/Haiti.	1.1a Develop print-ready version of The Manager in French and Spanish.	In Process	In Process
	1.1b Print Manager issues, distribute to a special mailing, and make available for orders from managers worldwide, MSH staff leading workshops, CAs, and donors.	In Process	In Process

Foreign language editions of The Manager continue to be published. Most recently the edition titled "Creating a Work Climate that Motivates Staff and Improves Climate" has been translated for distribution at the beginning of PY4.

Leadership Booklet

Project Manager	Task	SubTask	Status/Notes
Bahamon, Claire	A2WWCPD1	90LBPU	
Outcome/Output/Activity			
Outcome: During PY3, a number of interviews were conducted as source material for the Leadership Booklet. A prototype was also completed.	1 Health managers have a small, engaging booklet that offers both inspiration and information for addressing the challenges of leadership.	In Process - A mockup is completed.	
Output:	1.1 A leadership booklet is produced to provide health managers with a reference tool on leadership practices.	Cancelled - Although the leadership booklet publication was not funded for PY4, the interviews and much of the writing that took place during concept development will be folded into other publications and products.	
	1.1a Produce print ready draft of the leadership booklet. 1.1b Print publication, distribute to a special mailing, and make it available for orders from managers worldwide, MSH staff leading workshops, CAs, and donors.	Cancelled Cancelled	

Leadership Handbook

Project Manager	Task	SubTask	Status/Notes
Bahamon, Claire	A2WWCPDI	90LHPU	
<p>The Leadership Handbook will help to build the capability of managers at all program levels to lead teams to results. Modeled after The Family Planning Manager's Handbook which covered management skills, this Handbook will offer managers and facilitators effective leadership practices and tools. It will be a vehicle of the M&L project for consolidating and disseminating experience from M&L's leadership and management development projects with Egypt, Guinea, Nicaragua, Brazil, the Centre for African Family Studies (CAFS), and various Latin American management teams who have participated in the Virtual Leadership Development Program.</p>			
The outline for the Leadership Handbook is complete. By the end of PY4, the book should be drafted and undergo an external review. It will be produced and distributed in PY5.			
Outcome/Output/Activity			
Outcome: I Health managers have a practical guide that will serve as a reference for effective leadership practices.	In Process	An outline has been completed and circulated for comments.	
Output: 1.1 A first draft of four chapters of the Leadership Handbook is developed as a practical reference on leading health programs.	In Process		
1.1a Determine content of handbook through discussion of outline and brainstorming.	Completed		
1.1b Write and review first draft of four chapters of the handbook.	In Process		
1.1c Identify materials for additional chapters.	In Process		

CAFS Leadership Activities

Project Manager	Task	SubTask	Status/Notes
Tobin, Barbara A2WWCPDI	A2LDCF		
Outcome/Output/Activity			
Outcome: I Two African NGOs develop leadership curriculums with the help of CAFS and M&L.		Completed - Shifted from NGO focus to public sector; leadership development program completed in collaboration with PRISM project in Guinea.	
Output:	1.1 A leadership development program and leadership materials are developed for local African NGOs with CAFS.	Completed - CAFS held leadership dialogues with local NGO's from Togo/Benin, Burkina Faso, and Senegal.	
	1.1a Review and integrate relevant M&L concepts, materials and training modules for the development of the VLP leadership curriculum.	Cancelled - Unable to finalize coordination with Packard-funded VLP program.	
	1.1b Develop and implement a LDP with the National AIDS Control Commission.	Completed - Completed as much as possible before national elections in Kenya forced cancellation of second half of modules.	

CAFS conducted three M&L leadership dialogue sessions in Benin, Burkina Faso, and Senegal between January and June 2003. These dialogues were to generate interest and commitment to strengthening management and leadership skills. The participants in all three sessions were mostly NGOs and CAs from Benin, Burkina Faso, and Senegal.

Capacity Development Planning

Project Manager	Task	SubTask	Status/Notes
Galer, Joan	A2WWCPD1	90XXSP	
Outcome/Output/Activity			
To educate M&L staff on the functions of the M&L Framework and topics related to M&L development.			
Output: M&L has enhanced capacity to provide technical assistance in management and leadership (ongoing self-improvement process).	1.1 M&L staff are receive regular training on the educational modules of The Manager Who Leads and other related management and leadership development topics.	In Process - Completed staff training of the leadership functions of the M&L framework in Fall 2002. Training on the management functions of the M&L framework has been postponed to PY4.	In Process - Completed staff training of the leadership functions of the M&L framework in Fall 2002. Staff received training on the leadership functions of the M&L framework in Fall 2002.
	1.1a Design, deliver, and evaluate monthly M&L training sessions for M&L staff on The Manager Who Leads framework.	In Process - Completed training on leadership functions. Postponed training of the management functions to PY4.	
	1.1b Design, deliver, and evaluate bimonthly trainings for M&L staff on topics related to management and leadership development.	In Process - There were informal sharing meetings on topics related to M&L development.	
	1.1c Attend three CAFS courses on topics relevant to M&L work.	Completed - M&L staff attended seminar with CAFS in Ethiopia in February 2003 demonstrating the M&L Framework, especially work climate.	

Consulting for Results Course

Project Manager	Task	SubTask	Status/Notes
Price, Gail	A2WWCPDI	90XXCR	
Outcome/Output/Activity			
Outcome: 1 MSH TA providers use a consistent approach to technical cooperation with clients in the field based on the PI framework.		Completed	
Output: 1.1 Senior and mid-level MSH TA providers have participated in the Consulting for Results course.	1.1a Prepare training event (identify design team, determine schedule of key activities, mock-up course design).	Completed	Completed - The workshop was held in Boston in October 2002. Fourteen MSH employees participated in the course.
	1.1b Design/review course modules, content and materials.	Completed	
	1.1c Implement the training course for approximately 15 participants.	Completed	
	1.1d Conduct an after-action review of training process.	Completed	Completed - Participants learned the importance of listening and being aware of different cultures have different values. They also learned how to find the root causes, using the PI process, and getting stakeholder agreement and participation.

The Consulting for Results course is a three-day training workshop designed for MSH consultants of all levels of experience. Based on the performance improvement model, Consulting for Results assists participants to improve their effectiveness with clients - so that the client produces the desired result.

Virtual Leadership Development Program

Project Manager	Task	SubTask	Status/Notes
Johnson, Sarah	A2LNCP_D1	90XXPA	In PY3 we have delivered two Virtual Leadership Development Programs (VLDPs) to teams from NGOs and MOHs in Latin America. The first 7-module VLDP was delivered to teams from 12 organizations (total of 70 people) in the period Oct.-Dec. 2002. The second VLDP was delivered to 15 teams from 5 organizations and concluded in June 2003 (125 people).
Outcome/Output/Activity			
The VLDP is a blended learning approach that combines leadership development learning on an internet site with virtually facilitated face-to-face meetings of all the participating teams, which in addition to learning interactively on the internet site and in their group meetings, also receive a CD and a workbook. Following the 10-week VLDP, participants receive additional support with their action plans and other information and encouragement by joining LeaderNet, a network of managers who have completed the VLDP.			
Output: 1.1 By June 2003, managers and their teams participating in the M&L Virtual Leadership course are able to identify and address institutional challenges.	1.1 Electronic and print components of five leadership modules and introduction and conclusion modules to course are tested and completed.	Completed - 7 modules completed	Completed - Two VLDPs were planned and delivered in PY3 to managers (203 people in 26 teams) in MOHS, NGOs, and NGO networks, as well as to staff in three MSH LAC offices and an office in PAHO.
	1.1a Introduce and present the M&L Leadership course to M&L clients.	Completed	
	1.1b Review and finalize Module content	Completed	
	1.1c Build an M&L platform for the VLDP.	Completed	
	1.1d Create and distribute workbooks.	Completed - CDs were also distributed in both VLDPs.	
	1.1e User tests (in-house) and evaluate all seven modules.	Completed - Modules developed and tested.	
	1.1f Finalize 5 modules and introductory and conclusion modules based on user testing.	Completed	
Output: 1.2 Leadership course is delivered on M&L website to M&L clients.	Completed - First VLDP delivered October through December 2003.		
1.2a Facilitate and support delivery of 5 module leadership course.	Completed		
Output: 1.3 Virtual Leadership course is evaluated, refined and promoted for further application.	Completed - Following an After Action Review in January 2003 and an evaluation report, the site and the course were refined		
1.3a Evaluate delivery and electronic component of course.	Completed		
1.3b Make revisions to modules and site according to evaluation recommendations.	Completed		
Output: 1.4 Refined Virtual Leadership course is delivered.	Completed - The second VLDP for Latin America in PY3 was completed in June 2003. The VLDP has also been translated from Spanish to English and will soon be translated into Portuguese. A Spanish, English, and Portuguese VLDP will be delivered in PY4.		
1.4a Facilitate and support delivery of Leadership course.	Completed - Two VLDPs delivered.		

Virtual Leadership Development Program

- 1.4b Train local MSH staff as virtual facilitators.
- 1.4c Evaluate and document delivery of second course.
- 1.4d Provide ongoing management and back-stopping support to all activities.

Completed - Seven additional Latin Americans have been trained as facilitators by VLDP lead facilitators. Training of English facilitators scheduled for July 2003.

In Process - AAR is in July 2003.

Completed

E-Learning Pilot

Project Manager Griffin, Jude
Task A2WWCP_D1 90ELEC

This activity to pilot electronic components of a "Consulting for Result" workshop was consolidated into other activities such as the TCNetwork and the Virtual Center for Leadership and Management.

Outcome/Output/Activity	Status/Notes
Outcome: 1 Consulting for Results e-components are piloted, evaluated, and made available as part of M&L's suite of products.	Cancelled
Output: 1.1 Pilot components built. 1.1b E-prototypes built and tested.	Cancelled Cancelled
Output: 1.2 Pilot components evaluated and learning disseminated. 1.2a Pilot components evaluated 1.2b Learning disseminated.	Cancelled

Management Link

Project Manager	Task	SubTask	Status/Notes
Outcome/Output/Activity			
Griffin, Jude	A2WWCP D1	97M2EC	
An assessment of the Management Link, an electronic forum for members in English, Spanish, and French, led us to the conclusion that this activity could be consolidated into other activities such as the TCNetwork and the Virtual Center for Leadership and Management.			
Output: 1 Project learning is disseminated via The Management Link in English, Spanish and French.		Cancelled	
Output: 1.1 Research, write, review, copyedit, translate, and disseminate edition No. 9 of The Management Link.		Cancelled	
Output: 1.2 Research, write, review, copyedit, translate and disseminate edition No. 10 of The Management Link.		Cancelled	

Human Capacity Development

Project Manager	Task	SubTask	Status/Notes
Outcome:			
O'Neil, Mary	A2WWCHID	20XXHC	In Process - These are ongoing activities.
M&L's Human Capacity Development (HCD) activities focus on improving human capacity in the health workforce. The HIV/AIDS epidemic, out-migration, and ineffective human resource management have left health systems critically short on qualified staff. HCD seeks to address these issues through a number of different approaches.			
M&L staff contributed to workshops and planning sessions to develop effective strategies for HCD. Direct technical assistance included work with organizations to strengthen their HRM capacity. M&L also developed a manual for going to scale with HIV/AIDS programs and produced the HRM Assessment Tool adapted for HIV/AIDS environments. M&L staff collaborated with other CAs and CAFS to coordinate efforts and integrate HCD into field activities wherever possible.			
Outcome/Output/Activity			
Output:	1.1 An impact assessment on the effects of HIV/AIDS on the workplace in Tanzania is produced in collaboration with the International Labor Organization (ILO).	Postponed	Postponed - Activity was delayed due to travel ban during the Iraq invasion. Initial meeting has now been held with ILO.
	1.1.a Conduct impact assessment in collaboration with ILO.		
Output:	1.2 An impact assessment on the effects of HIV/AIDS in Kenya is produced.	In Process	
	1.2.a Design and conduct impact assessment on the effects of HIV/AIDS on health workforce in Kenya.	In Process - Ummuro Adano is meeting with MOH in June. Activity was delayed due to elections in Kenya.	
Output:	1.3 A training needs assessment for Malawi, Rwanda, and Mozambique is completed by CAFS.	Completed	Completed - Completed by CAFS. Draft reports are finished. Final summary report in progress.
	1.3.a Conduct Training Needs Assessment		
Output:	1.4 Three UNAIDS Project Acceleration Fund (PAF) workshops conducted, in Malawi and 2 countries TBD.	In Process	Completed - HCD workshop conducted with UNAIDS in Malawi, March 2003. Report submitted to USAID, Malawi in June 2003.
	1.4.a Design and attend PAF workshop in Malawi		Postponed - USAID has yet to schedule due to current travel ban in Kenya.
	1.4.b Design and attend PAF Workshop in Kenya		Postponed - UNAIDS has yet to schedule.
	1.4.c Design and attend PAF workshop in Tanzania		
Output:	1.5 An HCD strategy for MSH and M&L is developed in collaboration with MSH staff.	In Process	In Process - Discussions with headquarters and field staff held to identify how MSH can best support HCD for HIV/AIDS.
	1.5.a Meetings and strategy sessions held to develop MSH HCD strategy.		

Human Capacity Development

Outcome: 2 HCD Implementation: Technical assistance, based on the HCD framework and its components, is provided to assist health managers strengthen HCD.	In Process
Output: 2.1 The HRM Assessment Tool is field tested in Nigeria, Tanzania, and Kenya. 2.1a Field test HRM Assessment Tool.	In Process In Process - One assessment was conducted in Nairobi in May 2003. Two more HRM assessments to be conducted in Tanzania in July 2003, and Nigeria in June 2003.
Output: 2.2 Leadership dialogues related to HIV/AIDS conducted. 2.2a Initial meetings and research to develop Youth leadership program in Uganda. 2.2b Conduct Leadership Development activity in Malawi.	In Process In Process - Meetings were held and research conducted. Proposal written, but not approved yet by USAID, Washington. In Process - Leadership proposal developed but implementation delayed due to start up of MSH bilateral.
Output: 2.3 An HCD component is integrated into 2 Global Fund Implementation Plans. (Uganda, El Salvador). 2.3a Work with M&L team and Uganda Country Coordinating Mechanism (CCM) to integrate HCD into the Global Fund implementation plan. 2.3b Work with M&L team and El Salvador CCM to integrate HCD into the GFATM implementation plan. 2.3c Conduct TA in HCD in Mpumalanga Province, South Africa.	In Process In Process - Uganda CCM in preliminary stage of global fund implementation planning In Process - Proposal presented to El Salvador in January 2003. In Process - Proposals developed and presented to provincial health office, response is delayed.
Outcome: 3 Donor and CA Collaboration: Planning meetings with donors and other CA's are conducted to introduce and integrate HCD into field activities.	In Process
Output: 3.1 Meetings held with donors and other CA's to introduce and integrate HCD into field activities. 3.1a Attend Barcelona AIDS conference satellite session on HCD and follow up. 3.1b Attend meetings with HCD working group to develop framework and HCD strategy. 3.1c Attend and present at the International Conference on AIDS and STIs in Africa (ICASA).	In Process Completed - HCD framework adopted by donors, participants. Follow-up donor meeting held in London, Fall 2002. Completed - HCD framework presented by PV/O/NGO conference, November 2002, Washington, D.C., and at Interagency Working Group (IWG) meeting, May 2003. Postponed - Planned for September 2003, abstracts submitted and also proposal for a satellite session.

Human Capacity Development

Outcome: 4 Products and Publications: Products to support the dissemination and knowledge sharing of HCD in the field are published.	In Process
Output: 4.1 HRM Assessment Tool for HIV/AIDS environments is published as a supplement to the Manager.	In Process
4.1a Draft Assessment tool.	Completed
4.1b Edit and review.	Completed
4.1c Print and distribute.	In Process - Decision by MSH and USAID to be published as a separate publication, expected by August 1, 2003.
Output: 4.2 HIV/AIDS issue of the Manager is produced with support from HCD.	In Process
4.2a Support publication costs of an issue of the Manager on HIV/AIDS.	In Process - Publication is expected in August, 2003.
Output: 4.3 A multi-sectoral planning manual for HIV/AIDS is produced by MSH and M&L staff.	In Process
4.3a Draft HCD manual.	Completed
4.3b Edit and Review manual.	Completed - Reviewed by HIV/AIDS experts from within MSH and also from outside organizations.
4.3c Publishing and distribution.	In Process - Expected by October 2003.
Output: 4.4 A Rapid HR costing tool is developed, pilot tested, and disseminated for use.	Postponed - Research into the need for this tool was exhaustive. Decision made by the M&L Director to postpone development of a tool at this time in order to concentrate on other priorities.
4.4a Develop HR Costing Tool.	Postponed
4.4b Internal review of first draft.	Postponed
4.4c Field test costing tool in Kenya, Tanzania, and Cambodia.	Postponed
4.4d Finalize and disseminate.	Postponed
Output: 4.5 HIV/ AIDS strategic planning handbook is produced.	Cancelled - This is duplicative of manual described above. We are doing Output 4.3 instead.
4.5a Write and review handbook.	Cancelled
4.5b Edit and review handbook.	Cancelled
4.5c Finalize and disseminate.	Cancelled
Output: 4.6 An HCD manual is produced in collaboration with Family Health International (FHI).	In Process
4.6a Draft and edit HCD manual.	In Process - M&L will not produce a manual, but will draft and edit the chapter on HCD for an updated version of the Expanded and Comprehensive Response Manual developed by FHI.

Human Capacity Development

		In Process
Outcome:	5 HCD indicators are developed in collaboration with other CA's in the HCD Technical Support Group.	
Output:	<p>5.1 Indicators for HCD produced in collaboration with HCD Technical Support Group.</p> <p>5.1a Hold meetings to develop HCD indicators.</p> <p>5.1b Collect and enter HIV/AIDS and AIDS monitoring data into SD4 database for USAID reporting purpose.</p>	<p>Postponed</p> <p>Postponed - Waiting for a meeting to be called by Synergy.</p> <p>Completed</p>

Strategic Direction 2

Improving Management Systems

Uganda: Family Life Education Project (FLEP)	29
The Business Plan for Social Return on Investment – CAFS	30
The Business Plan for Social Return on Investment – PROCOSEI	31
NGO Networks Community-Based Distribution Programs	33
Capacity Building of Bolivian Municipal Officials and Health Authorities	34
Management and Organizational Sustainability Tool (MOST)	35
Mini-MOST	36
Maximizing Access and Quality (MAQ)	37
Performance Improvement Consultative Group	38
Internal Systems Performance Improvement	39
Country Programming Systems	40
MSH Coordination	42
Health Manager's Toolkit	43

Uganda: Family Life Education Project (FLEP)

Project Manager	Task	SubTask	Status/Notes
Tobin, Barbara	A2UGCPD2	90FLDE	
Outcome/Output/Activity			
Outcome: 1 FLEP has and uses effective leadership to support and strengthen employee performance at headquarters and clinic levels.		Cancelled	
Output:	1.1 Leadership development program is provided to all levels of FLEP management staff, including the clinic levels.	Cancelled	
	1.1.a Conduct an informal needs assessment of the leadership challenges at different levels through a written questionnaire developed in conjunction with the Executive Director and Director of HR.	Cancelled	
	1.1.b Develop the curriculum for a leadership development program with FLEP staff.	Cancelled	
	1.1.c Deliver the Leadership Program at FLEP.	Cancelled	
	1.1.d Conduct M&E to determine the impact of Leadership Development Program.	Cancelled	
Outcome: 2 FLEP uses cost-revenue data as a basis for strengthening its performance towards financial sustainability.		Cancelled	
Output:	2.1 FLEP personnel trained in use of CORE tool for financial sustainability.	Cancelled	
	2.1.a Train a core team of FLEP personnel at Headquarters in the CORE Tool.	Cancelled	
	2.1.b Provide long-distance follow-up and technical assistance to FLEP as they replicate CORE's application in all clinics.	Cancelled	
	2.1.c Provide assistance in the preparation of a financial sustainability strategy.	Cancelled	
	2.1.d Provide ongoing management and back-stopping support to all activities.	Cancelled	

The Business Plan for Social Return on Investment: CAFS

Project Manager	Task	SubTask	Status/Notes
Tobin, Barbara	A2WWCPD2	90BBCF	
Outcome/Output/Activity			
Outcome: 1 Members of the Centre for African Family Studies are able to deliver the Business Planning Program to their clients throughout the region	Completed - NOTE: GSMF has replaced CAFS as the Africa program partner.	Completed - Completed, but with GSMF instead of with CAFS due to travel restrictions.	
Output: 1.1 CAFS staff are trained in the delivery of the Business Planning Program so that they can replicate the program.	1.1a Conduct preliminary pre-program assessment via email and phone.	Completed - Pre-program assessment conducted on-site in Ghana and Kenya by Greg Rodway and Chuck Dickinson - findings revealed that CAFS was not able to participate in current rollout.	
	1.1b Refine business planning program.	Completed	
	1.1c Revise the platform.	Completed	
	1.1d Design and participate in on-site program delivery in Kenya.	Completed - Program delivery conducted in a changed venue, Boston, during the week of June 2nd due to travel restrictions to Africa; conducted with GSMF.	
	1.1e Prepare report, including lessons learned and coaching notes for counterpart.	Completed - Facilitator's Guide and second progress report on activities will be available by the time of this report.	
	1.1f Coach CAFS counterpart on reviewing business plan submissions.	In Process	
	1.1g Monitor use of platform.	In Process	
	1.1h Refine delivery mechanism during program delivery.	In Process	
	1.1i Provide ongoing management and back-stopping support to all activities	In Process	

This activity has been changed for this project year. After the initial planning stage, travel restrictions to Kenya due to the war in Iraq made it impossible for CAFS to participate in this activity at this time. During the preliminary planning, we identified the Ghana Social Marketing Foundation (GSMF) as an additional possibility as M&L's Africa program partner and the second launch of the Business Planning Program as described with PROCOSSI was undertaken in May of 2003.

The Business Plan for Social Return on Investment: PROCOSSI

Project Manager	Task	SubTask	Status/Notes
Seltzer, Judith	A2WWCPD2	90BBPC	
Outcome/Output/Activity			
Outcome: 1 Select PROCOSSI staff are capable of conducting the second and subsequent generations of the business planning program for PROCOSSI Network members, and qualified to offer the program to similar networks throughout Latin America.			In Process - The Business Planning Program has been completed with members of the PROCOSSI NGO Network and a Facilitator's Guide to develop PROCOSSI employees as facilitators is finished. The facilitators' training will take place during PY4.
Output: 1.1 Current business planning program is delivered to 6 to 8 member organizations.			Completed - Business Planning program started with eight member organizations but completed with six due to lack of time for two organizations, but both of these organizations indicated interest in completing the program at another time.
	1.1a Review business plan submissions.		Completed
	1.1b Monitor use of platform.		Completed
	1.1c Refine delivery mechanism during program delivery.		Completed
	1.1d Provide on-site IT support to participants.		Completed
	1.1e Design and participate in on-site program launch in La Paz.		Completed - One-week program launch during the week of July 1, 2002
Output: 1.2 Business Planning program is evaluated and refined for further application in Spanish and English.			Completed - Next version of Business Planning Program rolled out in May 2003 which includes numerous upgrades and enhancements
	1.2a Refine business planning program.		Completed - Content revised to reflect changes requested during program evaluation, Users' Guide and Financial Modeling Tool added to Module 5.
	1.2b Design and conduct in-depth evaluation of business planning program.		Completed - New CD-ROM developed in May 2003.
	1.2c Revise the platform.		Completed
	1.2d Revise the platform and delivery mechanism.		Completed - Results from final evaluation can be found in third progress report.
	1.2e Conduct evaluation of business planning program.		
Output: 1.3 PROCOSSI staff are trained in delivery of Business Planning Program.			Postponed - Rescheduled for PY4 due to lack of funds
	1.3a Train PROCOSSI staff and members, as well as MSH/Bolivia staff in the delivery of the Business Planning Program.		In Process - Chief PROCOSSI counterpart participated in launch of 2nd program offering and will be trained more during PY4.
	1.3b Train MSH Bolivia representative in Program delivery.		Postponed - Rescheduled for PY4.

The Business Plan for Social Return on Investment: PROCOSI

- Output:** 1.4 PROCOSI has a roster for potential funders for the business plans.
- Completed - 4 out of the 6 business plans have received some level of funding
- 1.4a Develop data base with PROCOSI.
- In Process - MSH/Bolivia office is working with PROCOSI to develop database of potential funders.
- 1.4b Support Stewart Winkler and PROCOSI.
- Cancelled - No longer required.
- 1.4c Provide ongoing management and back-stopping support to all activities.
- Completed

NGO Networks Community Based Distribution Programs

Project Manager	Task	SubTask	Status/Notes
Outcome/Output/Activity			
Tobin, Barbara	A2VWWCPD2	90RHNG	
Outcome: 1 Community health volunteers of selected Ugandan NGOs understand and respond to their clients' reproductive health needs.			Cancelled - This was cancelled due to the ending of the NGO Networks for Health project and the decision by CAFS to completely revamp rather than update their CBD course.
Output: 1.1 Managers of three NGOs trained in the role of ELCO maps; managers and volunteers oriented to the use of maps.			Cancelled
	1.1a Plan for initial TDY.		Cancelled
	1.1b Brief managers/headquarters staff of CARE, SAVE and ADRA and train community health volunteers and supervisor in use of maps.		Cancelled
Output: 1.2 Ongoing problems are identified and addressed.			Cancelled
	1.2a Visit field sites to monitor progress and troubleshoot problems.		Cancelled
	1.2b Provide ongoing management and back-stopping support to all activities.		Cancelled
Output: 1.3 Volunteers and supervisors have capacity to introduce ELCO maps and use data for local decision making.			Cancelled
	1.3a Conduct training in data for decision making skills.		Cancelled
	1.3b Conduct Training of trainers to scale up ELCO map use.		Cancelled
	1.3c Conduct evaluation of pilot program.		Cancelled
Outcome: 2 CBD course offered by CAFS in July includes M&L experience.			Cancelled
Output: 2.1 Integrate M&L CBD experience for use in CAFS course.			Cancelled
	2.1a Develop module for CAFS CBD course.		Cancelled

Capacity Building of Bolivian Municipal Officials and Health Authorities

Project Manager	Task	SubTask	Status/Notes
Johnson, Sarah	A2BOCPD2	90XXCH	
Outcome:	1 Implementation of municipal budget according to the norms of the Basic Health Insurance and efficient and effective use of medicines and drugs according to the Basic Health Insurance.		Completed - In different municipalities in the departments of Pando and Bene in Bolivia, CORE has been adapted for use by municipal authorities. It was first adapted for the seguro basico and has now been adapted for SUMI.
Output:			
1.1 The fiscal management and oversight of the National Health Services Package by municipal authorities is optimized.	Completed	Completed	Completed this period
1.1a Continued support of activities through hands-on TA and training provided for municipal management of health services with instrument for cost revenue and analysis and use of medicines and drugs	Completed	Completed	
1.1b Application of CORE as baseline, planning follow up and evaluation in Pando (secondary level hospital, three health centers and three health posts).	Completed	Completed	
1.1c Incorporation of CORE findings in POA for 2003.	Completed	Completed	Completed - M&L conducted this evaluation in the second part of June 2003.
1.1d Evaluation of impact of CORE.	Cancelled	Cancelled	- We have focused exclusively on financial management.
1.1e Work with DDPBC on other elements of their municipality capacity building, building project annual operation plan, support for municipal councils, community vigilance committees and municipal associations.	Completed	Completed	
1.1f Provide ongoing management and back-stopping support to all activities.	Completed	Completed	

MOST

Project Manager	Task	SubTask	Status/Notes
Ellis, Alison	A2WWCPD2	90XXMO	
Outcome/Output/Activity			
Outcome: 1 Revised MOST is applied in Africa, LAC region, and India.		In Process - The revised MOST manual will be printed in September 2003. Application of the revised tool is planned for PY4.	
Output: 1.1 Refinements to the MOST application process and tools are made (March).	1.1a Prepare and finalize facilitator notes and instruments for pre-MOST workshop interviews and other activities.	Completed	Completed - MOST manual revised to serve as a guide for facilitators to design and manage a MOST exercise. Revised manual undergoing final copy edit and will be printed in English, French, and Spanish in PY4.
	1.1b Prepare and finalize draft revised MOST manual based on lessons learned from R&E Unit special studies.	Completed	
Output: 1.2 TA partners are oriented to refined MOST. (June).	1.2a Conduct joint M&L and CAFS MOST application in Africa.	Postponed	Postponed - MSH staff, CAFS, and TCNetwork members will be oriented to the revised MOST in PY4.
	1.2b Conduct joint M&L and LAC TA partner application in LAC.	Postponed	Postponed - MSH staff, CAFS, and TCNetwork members will be oriented to the revised MOST in PY4.
	1.2c Conduct joint M&L and TAI application in India.	Postponed	
	1.2d Provide ongoing management and back-stopping support to all activities	Postponed	

The Management and Organizational Sustainability Tool (MOST) is the M&L Program's fundamental management assessment technical resource in which an organization measures the performance of its core management functions. In PY3 MOST was refined based on multi-country evaluations of its impact on NGOs and public sector organizations and the experiences of M&L facilitators who had used the Tool.

Mini-MOSTs

Project Manager	Task	SubTask	Status/Notes
Ellis, Alison	A2WWCPD2	90XXMM	
Mini-MOST tools facilitate an in-depth examination of the performance of specific management systems such as human resource management. In PY3, M&L initiated the development of 2 mini-MOSTs tools, one for assessing the performance of financial management and the other of management information systems.			
Outcome/Output/Activity	Outcome:		
	None		
Output:	1.1 Three mini-MOST tools are finalized and published on the Electronic Resource Center (ERC) in August	In Process - A mini-MOST on Health Management Information Systems is under development and will be available for technical review by the end of June 2003. A Mini-MOST tool on financial management will be published in July 2003 as a supplement to The Manager, "Assessing Your Organization's Capacity to Manage Finances." Financial management will be pilot tested in June/July 2003; HMIS in the Summer 2003.	
	1.1a Finalize and publish financial management mini-MOST.	In Process	
	1.1b Finalize and publish collection and use of information mini-MOST.	In Process	
Output:	1.2 Three mini-MOST tools are pilot tested in June.	Postponed	
	1.2a Develop a mini-MOST tool for logistics and supply management.	Cancelled - Development of a mini-MOST on logistics and supply management has been cancelled as research has determined that sufficient assessment tools exist in the area of logistics; these tools are posted on MSH's Health Manager's Toolkit.	
	1.2b Develop a mini-MOST to help Technical Cooperation Network client organizations plan for, obtain, and utilize technical assistance to improve organizational performance.	A mini-MOST to help Technical Cooperation Network client organizations plan for, obtain, and utilize technical assistance to improve organizational performance will be finalized in PY4 under SD3.	
	1.2c Identify opportunities for pilot testing.	Postponed - Planned for PY4.	
	1.2d Conduct at least one pilot test of each tool.	Postponed - Planned for PY4.	
	1.2e Refine tools and finalize for publication on the ERC.	Postponed - Planned for PY4.	

Maximizing Access and Quality (MAQ)

Project Manager	Task	SubTask	Status/Notes
M&L contributes to the activities and products of the MAQ Initiative as a means to explore and disseminate within the international health community practical approaches and lessons learned to strengthening leadership and management practices for improved organizational performance in the delivery of high quality health services.			
Outcome: Ellis, Alison A2WWCPD2 90XXMQ	Output: Outcome: 1 Critical management and leadership perspectives and experiences are reflected in the work of the MAQ Initiative.	Completed this period - The Management & Supervision Subcommittee has at long last published its MAC Paper on Supportive Supervision. The Organization of Work (OOW) Sub-committee has made significant progress since its founding in July 2002; a draft state-of-the-art paper on OOW was reviewed at the May 30, 2003 meeting of the sub-committee. The planned publication is Fall 2003. M&L was invited to repeat its session on "Becoming a Manager Who Leads" at the May 2003 MAQ Mini-University.	Completed - See completed activities below.
	Output: 1.1 M&L experiences in leadership and management are shared with the MAQ membership and the field (ongoing).	Postponed - Sub-committee meeting rescheduled for July 2003 due to lack of membership feedback on committee's future agenda and workplan. Completed - MAQ Paper Number 4 published.	Completed - See completed activities below.
	1.1a Co-chair and organize Management and Supervision (M&S) sub-committee meetings.	In Process - International Best Practices IBP meeting in India postponed until September 2003.	Completed
	1.1b Review and contribute to products developed by the M&S subcommittee.	In Process - IBP/India postponed; M&L was not requested to participate in the MAQ Exchange in Haiti.	Completed
	1.1c Contribute to the design of Best Practices/MAQ Exchange meetings.	Completed - Three M&L staff attended the May 2003 Partner's Meeting.	Completed
	1.1d Co-facilitate a Best Practices/MAQ Exchange Meeting.	Completed - M&L/Population Leadership Program co-facilitated a session on "Becoming a Manager Who Leads."	Completed
	1.1e Attend MAQ Steering Committee meetings.		
	1.1f Conduct technical exchanges at MAQ mini-universities.		
	Output: 1.2 3 MAQ papers are published.	Completed - MAQ Paper No. 4, "Making Supervision Supportive and Sustainable: New Approaches to Old Problems" published, disseminated to 80,000 subscribers to Population Reports, and posted on the MAQ Initiative Web site (www.maqweb.org). 1.2a Coordinate with authors. 1.2b Edit manuscripts. 1.2c Coordinate layout and production. New activity: Co-chair the MAQ sub-committee on Organization of Work (OOW).	Completed Completed Completed Completed Completed

Performance Improvement Consultative Group

Project Manager	Task	SubTask	Status/Notes
Ellis, Alison	A2WWCPD2	90XXPB	
Outcome/Output/Activity			
Outcome: M&L contributes to the activities and products of the Performance Improvement Consultative Group (PICG) as a means to disseminate within the international health community experience and lessons learned in the application of performance improvement to strengthen organizational results.			
Output: 1.1 M&L experiences in applying PI in field programs and internal projects are shared with the PICG membership (ongoing).	Completed		
1.1.a Attend PICG plenary meetings.	Completed		
1.1.b Prepare cases on lessons learned.	Completed - Case on applying a PI approach to an internal M&L system posted on the PICG Web site.		
1.1.c Review lessons learned cases for the Information, Communication, and Exchange (ICE) subcommittee.	In Process - Other than M&L, no CA member has submitted a case for the Lessons Learned section of the Web site during PY3.		
1.1.d Co-chair ICE sub-committee and organize sub-committee meetings.	Cancelled - Sub-committee has not met recently since lessons learned cases have not been submitted, despite pleas from the sub-committee co-chairs to PICG membership.		
1.1.e Conduct a performance needs assessment in the field in collaboration with other PICG CAs.	Cancelled - PICG did not identify an opportunity nor has there been a request from the field during this reporting period.		
1.1.f Provide ongoing management and back-stopping support to all activities	Completed		

Internal Systems Performance Improvement

Project Manager	Task	SubTask	Status/Notes
Brinkert, Susan	A2WWCPD2	97XXIN	
Outcome/Output/Activity			
Outcome: 1 M&L has and uses transparent, documented management systems to efficiently and effectively support project operations and performance.		In Process	
Output: 1.1 Performance improvement reviews of 5 major internal management systems/ processes are completed and recommendations are implemented.	1.1a Continue PI review and evaluation of the M&L annual workplanning/ budgeting process.	Completed - After action review (AAR) of PY3 process completed in September 2002, feedback and recommendations implemented for PY4 process, including revised workplan format which incorporates feedback from our CTO and substantially reduced manpower necessary to load Program budgets.	
	1.1b Conduct PI review and evaluation of systems for project level expenditure tracking and reporting.	Completed - Implemented major improvement in monthly expenditure reporting systems in July 2002, reduced turnaround time to produce reports by 70% and significantly reduced manpower required. Designed and implemented new LOE by individual tracking reports for Program, providing project managers with data to analyze budget versus actual performance.	
	1.1c Conduct follow-up evaluation of I Drive performance.	Cancelled - Due to other more pressing priorities, the planned follow-up evaluation was not completed.	
	1.1d Conduct PI review and evaluation of Memorandum of Understanding (MOE) systems.	Postponed - Again, due to other priorities, this activity has been deferred.	
	1.1e Conduct PI review and evaluation of Procurement systems (Contracts, Purchase Orders, Cost Share).	Completed - Cost share systems review completed. M&L is on target with achieving and documenting cost-share commitments to date.	

Country Programming Systems

Project Manager Korkiamaki, Maijut
Task A2WWCPD2 97XXCS

Country Programming Systems aim at improving project management and administration skills, first, internally in the M&L program, and later, externally in the field of project management.

Outcome/Output/Activity

Status/Notes

Outcome: 1 The Programs Unit has and uses transparent, documented management systems to efficiently and effectively support operations and performance of field projects.

In Process - Project Management training was provided to all M&L Managers and AdCos based on a management training needs assessment. Issues related to Monitoring and Evaluation and PPIs, and financial reports were covered in this training session (January 2003).

Development of the Project Management Manual is in process and is estimated to be completed in August 2003. The format of the manual is defined and it is based on the Managing and Leading Framework. Every module of the M&L framework is covered, and project managers functions as well as existing resources (manuals, guidelines, forms, examples) for each module are presented in the manual.

Output: 1.1 Project Management Guide is developed and provided to internal M&L managers.

- 1.1a Review existing MSH and external Project Management materials
- 1.1b Develop and distribute Project Management Guide using internal and external resources.

In Process

In Process

In Process

Output: 1.2 M&L Project Managers are trained and supported in project management on an ongoing basis.

- 1.2a Conduct training in Project Management for all project managers using Project Management Guide.
- 1.2b Send Project Management Tips to M&L Project Managers on a monthly basis and include them in the Guide.

In Process

In Process

In Process

Output: 1.3 Marketing packet of Project Management expertise is developed and incorporated into M&L marketing.

- 1.3a Review Project Management Guide and relevant items.
- 1.3b Prepare packet for marketing purposes.

Postponed

Postponed

Postponed - It is necessary to gain more experience with the existing project management tools and techniques first internally in M&L. During PY4 a curriculum/project management training modules will be developed and after those modules have been field tested in an M&L field project, the marketing plan and related materials can be developed based on the experience gained.

Country Programming Systems

Outcome: 2 Administrative Coordinators (AdCos) are supporting country activities efficiently and effectively through coordinated systems and training.	In Process - Issues related to the AdCos' support for the projects are discussed regularly in the weekly AdCo meetings. Any revisions to the systems and the AdCo handbook are done in a coordinated manner. Training on specific issues is organized based on needs. AdCos also participate in the project management trainings.
Output: 2.1 Administrative Coordinator's Handbook is evaluated and updated as appropriate.	In Process - Updates to the AdCo handbook are made as new processes or systems are established.
2.1a Review contents of Administrative Coordinator's Handbook.	In Process - The Handbook is constantly reviewed and many of its resources will be integrated with the upcoming Project Manual.

Output: 2.2 Administrative Coordinators are fully trained in operational systems.	In Process - Weekly AdCo meetings provide regular opportunities for communication. Training is provided according to needs.
2.2a Conduct training for new AdCos and new hires as needed.	In Process

MSH Coordination

Project Manager	Task	SubTask	Status/Notes
Outcome/Output/Activity			
Tobin, Barbara	A2WWCPD2	97XXCO	
MSH coordination insures that information about M&L approaches, activities, and tools are shared within MSH and that M&L is able to draw upon the expertise and experience of other MSH initiatives and development opportunities for collaboration and cost sharing.			
Output: 1 M&L has improved coordination with MSH, USAID and other CAs.	1.1 System is in place for effective inter-project and cross-MSH coordination and planning.	In Process	In Process - Ongoing and informal communications.
	1.1a Disseminate monthly MSH-wide project updates and meet with D.C.-based projects to coordinate new business development (ongoing).		In Process - Periodic meetings held with ADVANCE Africa and RPM+.
	1.1b Develop M&L materials for MSH and other global bureau projects		In Process - MOST conducted for MSH/CHS; coordination with PRIME underway.

Health Manager's Toolkit

Project Manager	Task	SubTask	Status/Notes
Outcome:			
Ellis, Alison	A2WWCPD2	90XXTK	The Health Managers Toolkit is an electronic compendium of tools designed to assist health professionals at all levels of an organization to provide accessible high-quality and sustainable health services. It is particularly useful for managers who lead others to produce results. We maintain and update the Health Manager's Toolkit Web site on an ongoing basis. We identify and post appropriate and useful tools on the Toolkit Web site. We also developed and implemented an evaluation plan to assess the use of the Toolkit and its impact on supporting health managers in their work.
Status/Notes			
Output:	1.1 The quality of and access to the Health Manager's Toolkit are improved.	Completed this period - We had an internal assessment of tools on the Toolkit. As a result, we removed three tools from the Toolkit. We also posted a discussion board for our users to share their thoughts and comments with others about any tools on the Toolkit.	
Output:	1.1 The number of English, Spanish, and French tools increases and the quality of the Toolkit is enhanced.	In Process - It is an ongoing process. Two English tools and one Spanish and English tool were added to the Toolkit. The three tools are: User's Guide on Planning and Managing a Quality Survey in Reproductive Health Programs; Community COPE: Building Partnership with the Community to Improve Health Services; and COPE for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services.	
Output:	1.1a Maintain and update the English, Spanish, and French sites including the tool survey, the tools, the tool annotations, and the navigational system of the sites.	In Process - Ongoing work.	
Output:	1.1b Identify and post and/or create links to appropriate useful tools including leadership tools and other toolkits developed by MSH projects and other organizations.	In Process - Ongoing work.	
Output:	1.1c Identify and coordinate the technical review of new tools.	In Process - Ongoing work.	
Output:	1.2 The Toolkit is visited by a greater number of health managers around the world.	In Process - The average number of visits per month from July to December, 2002 was 1,705, and from January to June, 2003 it was 1,373.	
Output:	1.2a Present the Toolkit at conferences such as APHA and GHC and encourage MSH staff to use and to present the Toolkit to MSH counterparts.	Completed	
Output:	1.2b Contact tool developers about new tools that have been added.	Completed	
Output:	1.2c Search appropriate list serves and advertise the Toolkit.	In Process - Community health list serve.	
Output:	1.2d Track monthly use and disseminate bi-annual reports to tool developers and USAID.	Completed	
Output:	1.3 An evaluation plan has been developed and the results of the evaluation are used to improve the Toolkit.	In Process - The evaluation plan was developed and implemented in June 2003. The results will be used to make adjustment to the Toolkit in PY4.	
Output:	1.3a Develop and implement an evaluation plan.	Completed	
Output:	1.3b Provide ongoing management and back-stopping support to all activities.	In Process - Ongoing support of the Toolkit.	

Strategic Direction 3

Partnering Locally for Sustainability

Technical Cooperation Networks	45
CAFS Partnership	47
Consultant Support Center	49
Virtual Workshop - Writing Concept Papers	50
Graduated Countries.....	51

Technical Cooperation Network

Project Manager Tobin, Barbara
Task A2WWCPD3 97XXLR

We are working to strengthen local technical assistance capacity in the area of leadership and management in health. Our aim is to establish a global network of quality technical assistance providers that can share experiences and leverage business through partnerships. The network vision is consonant with recognized donor trends to provide funding locally.

Outcome/Output/Activity	Status/Notes
Outcome: 1 The Technical Cooperation Network has been launched	Completed - The June 2003 launch meeting of initial members in Washington, DC resulted in the development of the overall framework and next steps to expand membership and begin activities.
Output: 1.1 MSH serves as interim secretariat of the TC Network. 1.1a Coordinate TC Network start-up activities. 1.1b Develop TC Network principles, membership criteria, and proposed structure. 1.1c Hold Brain Trust meeting. 1.1d Synthesize data collected from guided inquiries and consultant analysis to determine baseline conditions (Start M&E). 1.1e Develop opportunities for leveraging costs of the TC Network.	In Process - During June 2003 launch meeting, roles for MSH were defined. Completed Completed
Outcome: 2 M&L has hosted meetings with the TC Network's founding firms in each of three regions.	Completed this period - TCNetwork hosted focus groups with TA providers and donors in Kenya, the Philippines, Bangladesh, Brazil, and Mexico. That resulted in recommendations for the TCNetwork launch and informed the June 2-5 launch meeting.
Output: 2.2 Founding members meeting held in Africa. 2.2a Convene regional meeting to discuss and launch TC Network with local and regional TA firms in Africa. 2.2b Provide demo of consultant support center for network members.	Completed - Conversations held with TA providers in Nairobi to understand experiences and priorities for network Completed Completed
Output: 2.3 M&L Staff and consultants participate in a 3-day learning exchange workshop. Africa. 2.3a Design meeting for a 3 day learning exchange workshop. Topic: best practices in leadership and management. 2.3b Design meeting materials. 2.3c Conduct 3 day learning exchange on management and leadership best practices and discussion of trends and opportunities in Africa. 2.3c Arrange meeting logistics and other preparations.	Postponed - This will occur during PY4.

Technical Cooperation Network

Output:	2.4 Founding members meeting held in Asia.	Completed - Initial focus group discussions held with TA providers in Manila and in Dhaka to understand experiences and priorities for TA providers and networks.
	2.4a Convene regional meeting to discuss and launch TC Network with local and regional TA firms in Asia.	Completed
	2.4b Provide demo of consultant support center for network members.	Completed
Output:	2.5 M&L Staff and consultants participate in a 3-day learning exchange workshop. Asia	Postponed - This will occur in PY4
	2.5a Design meeting for a 3 day learning exchange workshop. Topic: best practices in leadership and management.	Completed
	2.5b Design meeting materials.	Completed
	2.5c Arrange meeting logistics and other preparations.	Completed
	2.5d Conduct 3 day learning exchange on management and leadership best practices and discussion of trends and opportunities in LAC.	Completed
Output:	2.6 Founding members meeting held in LAC.	Completed - Ideas and priorities gathered from TA providers and donors in Brazil and Mexico. Interest by TA providers in both countries to become members once the network is officially launched.
	2.6a Convene regional meeting to discuss and launch TC Network with local and regional TA firms in LAC.	Completed - Three focus group discussions held in April and May 2003, bringing together TA providers in Brazil and in Mexico to talk about priorities for the network.
	2.6b Provide demo of C.S.C. for network members.	Completed
Output:	2.7 M&L Staff and consultants participate in a 3-day learning exchange workshop. LAC.	Not yet programmed
	2.7a Design meeting for a 3 day learning exchange workshop. Topic: best practices in leadership and management.	Not yet programmed
	2.7b Design meeting materials.	Not yet programmed
	2.7c Arrange meeting logistics and other preparations.	Not yet programmed
	2.7d Conduct 3 day learning exchange on management and leadership best practices and discussion of trends and opportunities in LAC.	Not yet programmed
Output:	2.8 Local TA firms and domestic CA's are aware of the TC Network, its purposes and principles.	Postponed - Now that the launch meeting has occurred, these meetings will take place in PY4.

CAFS Partnership

Project Manager	Task	SubTask	Status/Notes
Tobin, Barbara	A2WWCPD3	90XXCF	M&L and CAFS are working to strengthen our partnership as we carry out joint technical assistance, leverage field support funding, and develop opportunities for cost sharing with other donors.
Outcome/Output/Activity			
Outcome:	1 By June 2003, the M&L and CAFS partnership is strengthened by creating joint works and sharing tools, materials and TA work, both in Anglophone and Francophone African countries.	In Process - The Francophone Unit (CEFA) of CAFS has conducted three successful dialogues in Burkina Faso, Benin/Togo, and Senegal, creating a core of (mostly NGO) health managers and TA providers to completely embrace the M&L framework and spread the word that there is a way to tackle difficult management and leadership challenges. CAFS has contributed to a greater awareness of management and leadership issues, made them concrete, and provided a language to talk about these. Interest has been expressed by many of the 50 or so participants (in total) to support (technically, financially, logistically) ongoing work in the M&L domain in Francophone West Africa.	
Output:	1.1 Develop new business opportunities in francophone and anglophone countries.	Completed - Reports from the dialogues conducted by CAFS show considerable interest, as well as offers of support, for ongoing leadership and management strengthening program in the region. We are exploring ways in which the new West Africa Regional project can pick up some of the follow-up activities that have been proposed.	
	1.1a Market M&L materials, tools and TA work. 1.1b Develop new product. 1.1c Seed projects in Africa to provide TA to a local HIV/AIDS organization.	Completed - Joint marketing trip to Ethiopia Cancelled - Using already developed M&L products Cancelled - No organization identified.	
	1.1d Develop a leadership program with a francophone NGO.	Completed - With public sector (not NGO) in Guinea. A new one is in the making in Senegal	
Output:	1.2 Strengthen operations and agreement management. 1.2a Maintain frequent communication between CAFS/CEFA offices and MSH Boston.	Completed	
	1.2b Program management and coordination trips.	In Process - CAFS director and staff members participated in January 2003 M&L retreat. There is frequent, ongoing phone and email contact between CAFS/CEFA offices and MSH Boston. Completed this period	
Output:	1.3 Develop a leadership development program and deliver leadership activities with local African NGOs.	Completed	

CAFS Partnership

- 1.3a Conduct anglophone and francophone two-day dialogues with two additional NGOs from the NGO conference: Leadership and Governance.
- 1.3b Continue to develop new initiatives identified at NGO conference.
- 1.3c Organize and conduct continuous in-house seminars on various components of the M&L framework for CEFA staff (leadership development).

- Completed - At each dialogue there were several NGOs. At least 15 NGOs that have been touched one way or another by the dialogue dialogues Mr. Ba did. Leadership dialogues conducted in Benin/Togo, Senegal, and Burkina Faso.
- Cancelled
Completed - CAFS staff meetings covering Performance Improvement process and the M&L framework.

Output: 1.4 Share and integrate M&L and CAFS materials through coursework and providing TA to clients in the field.

- 1.4a Organize and conduct at least four (2 English, 2 French) technical seminars on selected M&L approaches with interested parties in reproductive health.
- 1.4b Develop and/or adapt M&L approaches and modules to be used in at least 3 customized CAFS courses.
- 1.4c Develop and pilot integrated modules for orientation workshops for CAFS consultants, using elements of M&L's "Consulting for Results" and CAFS "Consulting Skills."
- 1.4d Incorporate ELCO mapping process in CAFS CBD management course curriculum.
- 1.4e Provide ongoing management and back-stopping support to all activities.

Completed - CAFS is actively using the material provided by M&L (framework, dialogue guide, modules developed for Guinea) and adapting them for the specific context in which CAFS works.

- Cancelled
Cancelled
Cancelled
Cancelled
Cancelled
Cancelled
Cancelled

Completed - CAFS and MSH courses merged in May 2003 and offered by CAFS at Packard funded workshop in Nairobi, May 2003.

Cancelled - Cancelled because of travel restriction to Kenya due to the Iraq war.

Completed

Consultant Support Center

Project Manager	Task	SubTask	Status/Notes
Griffin, Jude	A2WWCPD3	90VHEC	
Outcome/Output/Activity			
This activity to develop a consultant support center was consolidated into other activities such as the TCNetwork and the Virtual Center for Leadership and Management.			
Outcome: 1 Network members are benefiting from online and face-to-face opportunities for professional development, knowledge sharing and problem solving.			Cancelled - This activity to develop a consultant support center was consolidated into other activities such as the TCNetwork and the Virtual Center for Leadership and Management.
Output: 1.1 The Consultant Support Center launched and operational.		Cancelled	
1.1a Discuss goals and objectives of CSC with members.		Cancelled	
1.1b Establish priorities for first year and develop M&E plan and indicators.		Cancelled	
1.1c Prototype and test first content, features and functionality.		Cancelled	
1.1d Build out sections.		Cancelled	
1.1e Provide ongoing support to CSC.		Cancelled	
1.1f Evaluate CSC pilot year and make recommendations.		Cancelled	
Output: 1.2 Knowledge generated in other areas of M&L work is leveraged for technical support network.		Cancelled	
1.2a Assess and adapt learning documented by M&L for various electronic initiatives such as the CSC.		Cancelled	

Virtual Workshop - Writing Concept Papers

Project Manager	Task	SubTask	Status/Notes
Griffin, Jude	A2WWCPD3	90XXWP	
Outcome/Output/Activity			
Outcome: 1 M&L staff have the opportunity to participate in an e-learning activity.		In Process	
Output: 1.1 Virtual concept paper workshop is built, tested, revised, delivered to staff and evaluated.	1.1a Concept paper tutorial is built.	In Process	
	1.1b Concept paper tutorial is tested and revised.	Not yet programmed	
	1.1c Concept paper tutorial is delivered.	Not yet programmed	
	1.1d Concept paper tutorial experience is evaluated.	Not yet programmed	

In response to the significant need for clients and partners to improve the quality of their writing in order to engage potential investors, M&L funded the development of Persuasive Writing modules. This activity was revised to become an auxiliary component of the Business Planning Program.

Graduated Countries

Project Manager	Task	SubTask	Status/Notes
Robinson, Alexander	A2WWCP1D3	90XXGC	
Mexico, Turkey, Brazil, Ecuador, Morocco, and Colombia are countries that have "graduated" from USAID's Population and Reproductive Health assistance programs. M&L will be assisting these countries in sharing information on how to sustain important gains made through these programs. Examples of information sharing could include, but will not be limited to, SOTA practices, emerging issues, new opportunities, and lessons from ongoing public health development initiatives.			
Outcome/Output/Activity	Output:	Outcome:	Notes:
		1 By June 2004 Mexico, Turkey, Ecuador, Brazil, and Morocco are successfully transferring information on how to most effectively share advances and pertinent information related to Population and reproductive health issues.	In Process - This is being developed.
		1.1 M&L/MSH Boston based staff, USAID/W staff and internationals have created an information strategy which results in the successful and sustainable transfer of population and reproductive health information.	In Process - Turkey expects to complete a guided inquiry by September, and Brazil and Mexico should be able to complete theirs by August.
	1.1a	Guided Inquiries between MOHs, USAID, M&L/MSH staff, field personnel and country contacts during which strategies and activities are defined and perhaps edited in the future.	In Process - M&L needs to gain an understanding of what type of information people in the 6 GCs would like to receive and be a part of. This will begin to happen after the guided inquiries.
	1.1b	Maintain linkages with the global RH/FP community by providing updates to the GCs from the larger RH/FP community on a variety of issues.	In Process
	1.1c	Create discussions / linkages among the GCs by distributing a newsletter, USAID information packets, information distributed on how to access private foundations, and share information on virtual technical resources	In Process
	1.1d	Facilitate country specific [local] information exchanges to address identified gaps and priorities [M&L will look to see how the MOHs, local NGOs and or other CAs can fund attendance of key contacts at symposiums or comparable mediums and how participation in the GC network could encourage their attendance.]	In Process
	1.1e	Organize satellite sessions at GHC in order to network and initiate dialoge with attendees and presenters from the GCs on ways M&L can effectively combine forces with existing strategies for sustainable information throughout the life of the Initiative and beyond	In Process - M&L reps attended the GHC in May of 2003 and met and procured contact info from several people from the GCs. However, once people have been identified (via the GIs) we will be able to better coordinate at the next GHC since we will know who will be attending instead of trying to meet people at the conference without knowing who, specifically, will be there from the GCs

Strategic Direction 4

Knowledge Application

Planning, Monitoring, and Evaluation	53
Special Studies	55
Knowledge Synthesis	57
Print Communication Products	59
Electronic Communication Products	61
Electronic Communication Products: Electronic Tools	62
Electronic Communication Products: ERC	63
Electronic Resource Center - CD ROM in Spanish	64
Electronic Communication Products: M&L Web Space	65
Electronic Communication Products: Community Health	66
Consultant Support Center	67
Fellows Program (e-Exchange) - Collaborative Workspace Pilot	68
Provider's Guide to Quality and Culture	69

Planning, Monitoring, and Evaluation

Project Manager	Task	SubTask	Status/Notes
Vollmer, Nancy	A2WWCPD4	97XXRS	
Outcome/Output/Activity			
Outcome: 1 An M&E System, based on Performance Improvement plans at project and field level, will routinely deliver reliable M&E data on field interventions.	In Process - This year focused on laying the foundation for the M&E system: we developed the necessary tools (PPI and M&E templates, Indicator Menu and Data entry screens in the KIX database). We also provided support to project managers in developing performance improvement and M&E plans for the interventions and facilitated several end-of-program evaluations.		
Output: 1.1 Monitoring and Evaluation Plans for M&L Workplan Reviewed, Updated and Implemented.	Completed - All field-based projects (core and field-support funded) have developed M&E plans. Core-funded products are monitored primarily through the semi-annual reporting mechanism.		
1.1a Review and Revise PY3 M&E plans as needed.	Completed	In Process - M&E plans are now developed according to the performance plan for each field intervention.	
1.1b Develop PY4 M&E Plan for M&L Workplan.	Completed	- We have integrated program monitoring into our semi-annual reporting mechanism in order to streamline our internal processes.	
1.1c Collect M&L Program-wide monitoring data.	Completed	Semi-annual reporting is now systematized through the M&L KIX database and serves our program monitoring needs.	
1.1d Analyze and disseminate Technical Assistance Evaluation information.	Cancelled		
Output: 1.2 Mechanisms for capturing and analyzing field project M&E data are used effectively.	In Process - The mechanisms for M&E have been developed this PY3, but they are not always used effectively. We are still in the process of institutionalizing monitoring and evaluation as a regular part of program management.		
1.2a Develop Guidelines and Procedures for Field Project Data Collection.	In Process - The PPI is developed and disseminated. The Project Cycle Documentation Guideline is in process.		
1.2b Support M&E activities for field projects.	Completed - M&E support provided across all field projects that requested assistance.		
1.2c Maintain and update M&E database.	Completed - After substantial troubleshooting with the previous database, PROMES, we designed, developed and launched the KIX database during this period. KIX is an Access database adapted to M&L's needs and decentralized for use by all directors, managers and support staff.		
1.2d Produce quarterly, semi-annual and adhoc reports using database.	Completed - Semi annual report produced using the KIX database.		

Planning, Monitoring, and Evaluation

1.2e Equip and train at least 4 project managers in the use of PROMES.

Completed - All project managers have been trained to use the new KIX database for semi-annual reporting. Select project managers will be trained in PY4 to use the database for field project M&E.

Output: 1.3 M&L Staff, clients and network consultants trained in M&E strategies for the systematic use of information to improve performance.

1.3a Develop M&E training packet (agendas, tools, procedures).

1.3b Conduct training, and provide ongoing support for M&E capacity building.

1.3d Adapt and translate M&E materials into Spanish, French, and Portuguese for print and Consultant Support Center.

In Process - PY3 focused on improving the capacity of M&L program managers.

In Process - Discrete training sessions on M&E are planned for PY4.

In Process - This year we focused on developing the procedures and processes for M&E.

Completed - The PPI is also available in Spanish, French and Portuguese; the Indicator Manual in is available Spanish and French.

Special Studies

Project Manager Rachel, Linde
Task A2WWCPD4 97XXRE

Special Studies are non-routine studies that focus on the relationship between M&L interventions and the achievement of USAID-mandated results: improved management systems, improved work climate and improved organizational sustainability. The data produced by these studies complements routine M&E data, providing additional detail and explanation on the process and results of M&L interventions.

Outcome/Output/Activity	Status/Notes																				
<p>Outcome: 1. A combination of special case studies, evaluations, and comparative analyses of M&E data will provide M&L with a program-wide assessment of Performance Improvement Intervention</p>	In Process - Four of the originally planned case studies have been completed, and one was added for Guinea as part of a three-case set on leadership interventions. The results provide a rich source of field-based data and have been presented and discussed as they became available. They will be further synthesized in PY4. The comparative study scheduled for this year was postponed to PY4 in order to allow more time for project data to be processed via the newly established KIX system.																				
<p>Output: 1.1 At least 4 case studies/evaluations completed according to recommended protocol.</p>	<p>In Process - Five case studies have been completed: MOST-APROGE in Brazil, the MOST in Bolivia, the Leadership Development pilot in Nicaragua, the Leadership development program in Guinea, and APROFAM in Guatemala. Two of the originally proposed studies have been cancelled: HIV/AIDS in Tanzania (1.1e) was found to be inadequately suited for deriving lessons learned because of its complexity and uniqueness, and completion of the Bolivia Beni/Pando Chemonics project was delayed due to changes in the Government's National Health Insurance Program. The case study in Indonesia was postponed until PY4 because of intervening priorities.</p> <table> <tr> <td>1.1a Conduct global analysis of results of MOST evaluations in Haiti, Nicaragua, Mozambique and Bolivia, and finalize lessons learned.</td> <td>Completed</td> </tr> <tr> <td>1.1b Conduct assessment of MOST in Bolivia (Combase).</td> <td>Completed</td> </tr> <tr> <td>1.1c Conduct evaluation of Leadership Development pilot in Nicaragua in 12 Municipalities.</td> <td>Completed</td> </tr> <tr> <td>1.1d Conduct case study of MOST-APROGE experience in Brazil, including report.</td> <td>Completed</td> </tr> <tr> <td>1.1e Conduct evaluation of HIV/AIDS activities in Tanzania.</td> <td>Cancelled</td> </tr> <tr> <td>1.1f Conduct evaluation of APROFAM in Guatemala, including report for publication.</td> <td>Completed</td> </tr> <tr> <td>1.1g Conduct case study of Bolivia Beni/Pando Chemonics work.</td> <td>Postponed</td> </tr> <tr> <td>1.1h Conduct case study in Indonesia.</td> <td>In Process</td> </tr> <tr> <td>1.1i Review, edit, revise reports and present results.</td> <td>In Process</td> </tr> <tr> <td>1.1j Provide technical advice across all special studies projects.</td> <td>In Process</td> </tr> </table>	1.1a Conduct global analysis of results of MOST evaluations in Haiti, Nicaragua, Mozambique and Bolivia, and finalize lessons learned.	Completed	1.1b Conduct assessment of MOST in Bolivia (Combase).	Completed	1.1c Conduct evaluation of Leadership Development pilot in Nicaragua in 12 Municipalities.	Completed	1.1d Conduct case study of MOST-APROGE experience in Brazil, including report.	Completed	1.1e Conduct evaluation of HIV/AIDS activities in Tanzania.	Cancelled	1.1f Conduct evaluation of APROFAM in Guatemala, including report for publication.	Completed	1.1g Conduct case study of Bolivia Beni/Pando Chemonics work.	Postponed	1.1h Conduct case study in Indonesia.	In Process	1.1i Review, edit, revise reports and present results.	In Process	1.1j Provide technical advice across all special studies projects.	In Process
1.1a Conduct global analysis of results of MOST evaluations in Haiti, Nicaragua, Mozambique and Bolivia, and finalize lessons learned.	Completed																				
1.1b Conduct assessment of MOST in Bolivia (Combase).	Completed																				
1.1c Conduct evaluation of Leadership Development pilot in Nicaragua in 12 Municipalities.	Completed																				
1.1d Conduct case study of MOST-APROGE experience in Brazil, including report.	Completed																				
1.1e Conduct evaluation of HIV/AIDS activities in Tanzania.	Cancelled																				
1.1f Conduct evaluation of APROFAM in Guatemala, including report for publication.	Completed																				
1.1g Conduct case study of Bolivia Beni/Pando Chemonics work.	Postponed																				
1.1h Conduct case study in Indonesia.	In Process																				
1.1i Review, edit, revise reports and present results.	In Process																				
1.1j Provide technical advice across all special studies projects.	In Process																				

Special Studies

Output:	1.2 One mid-term comparative analysis completed.	Postponed - The comparative study will be done once an adequate amount of data is in the KIX system. The system has recently been revised and implemented, and project managers are currently in the process of entering the data for PY3.
	1.2a Develop plan of analysis and report format.	Postponed
	1.2b Compile data on M&L indicators for completed interventions.	Postponed
	1.2c Analyze and provide report on comparative data for PY3.	Postponed
Output:	1.3 Results from Special Studies, Evaluations and Comparative Analysis are synthesized and presented to internal audiences.	In Process - The results are being presented as they become available. A synthesis of the MOST studies was conducted January through April.
	1.3a Conduct synthesis of results from special studies.	Postponed
	1.3b Review/revises results with internal and external synthesis resource persons and present to internal audiences.	Postponed
Output:	1.4 Results from Special Studies are used as a basis for addressing selected measurement themes with other CAs (PLP, etc.).	Completed this period - Results and reflections based on the Egypt LDP were presented at the Annual Meeting of the Leadership Evaluation Advisory Group organized by the Population Leadership Program in April 2003.
	1.4a Collaborate with PLP on annual leadership evaluation meeting.	Completed
	1.4b Coordinate and host performance measurement meeting for CAs (Prime, JHPTEGO, Measure, Basics, etc.).	Cancelled
	1.4c Provide ongoing management and back-stopping support to all activities.	In Process

Knowledge Synthesis

Project Manager	Task	SubTask	Status/Notes
Building four Communities of Practice on Human Resource Management, Health Information Systems, Performance Improvement, Developing Managers Who Lead, and creating Knowledge Folders for each topic to be used by MSH staff, consultants, and partners.			
Outcome/Output/Activity			
Huber, Sallie Craig	A2WWCPD4	97XXPS	
Output:	1.1 At least four learning groups (two new) are formed and structured to explore knowledge themes and synthesize selected materials for knowledge folders under the coordination of the Knowledge Synthesis Leader.	In Process - Groups have been formed and meet regularly.	
	1.1a Develop concept paper on each theme to provide point of departure for the group (based on "what do we know").	Completed - HIS and HRM have drafted concept papers. Performance Improvement and Developing Managers Who Lead will not produce concept papers.	
	1.1b Develop terms of reference for each learning group, outlining division of labor and methodologies to be used.	Completed - All four CoPs operating from established WorkPlans.	
	1.1c Update guidelines for methodologies of data collection and synthesis.	Completed	
	1.1d Attend learning group meetings / other discussions.	In Process	
Output:	1.2 At least three additional knowledge folders produced.	In Process	
	1.2a Identify appropriate resource persons for knowledge synthesis objectives.	Completed previous period	
	1.2b Develop terms of reference for resource persons.	Completed this period	
	1.2c Produce inventories & conduct in-depth reviews and syntheses based on diverse information sources (internal and external).	In Process	
	1.2d Update format for knowledge folders.	In Process - Completed for HIS, PI, HRM; in process DMWL	
	1.2e Organize content of knowledge folders: selecting content, revising as needed, and developing glossary of terms.	In Process - Knowledge Folders are dynamic resources that will continue to be updated.	
	1.2f Present synthesis results to learning groups, Director's Group meetings, and other audiences.	In Process - Have presented to PMG and will present Brown Bag for wider MSH audience on June 24.	
	1.2g Revise and finalize knowledge folders based on feedback.	In Process - Knowledge Folders are dynamic resources that will continue to be updated.	
Output:	1.3 M&L Thesaurus entries are added and updated on a regular basis.		

Knowledge Synthesis

- | | |
|--|---|
| 1.3a Update thesaurus according to input and recommendations from learning group and other resource persons. | Cancelled - This has been rolled into 1.2e above. |
| 1.3b Issue and disseminate updated version of thesaurus. | Cancelled - This has been rolled into 1.2e above. |
| 1.3c Provide ongoing management and back-stopping support to all activities. | Cancelled - This has been rolled into 1.2e above. |

1.3a Update thesaurus according to input and recommendations from learning group and other resource persons.

1.3b Issue and disseminate updated version of thesaurus.

1.3c Provide ongoing management and back-stopping support to all activities.

1.3a Update thesaurus according to input and recommendations from learning group and other resource persons.

Cancelled - This has been rolled into 1.2e above.

Cancelled - This has been rolled into 1.2e above.

Cancelled - This has been rolled into 1.2e above.

Print Communication Products

Project Manager	Task	SubTask	Status/Notes
Bauman, Ruth	A2WWCPD4	97XXCP	Ensuring that internal and external audiences are informed about M&L activities via communications materials.
Outcome/Output/Activity	Output:	Description	Progress
	1.1 Portfolio of existing communications and marketing products are available to specific audiences in printed and presentation forms.		In Process - Making communications materials available for specific audiences is an ongoing process.
	1.1 Portfolio of existing communications for dissemination is updated, revised, and improved; and communication channels are maintained.		Completed - Refined basic kit of M&L materials, including two-page "Developing Managers Who Lead," L&M Framework, and L&M Results Model.
	1.1a Develop/update Technical Notes.		Completed last period - Developed new tech notes on Indonesia, VLDP, and LiderNet. Additional tech notes developed as needed.
	1.1b Update M&L brochure.		Postponed - Concept for updated brochure still being developed. As substitute for brochure during PY3, we developed an M&L information piece (two-page) called Developing Managers Who Lead, the simplified results framework graphic (one-page), and the Five Principles for Developing Managers Who Lead (one-page).
	1.1c Document at least two in depth country/program specific stories and achievements (TDY).		Completed - Developed two-page "profile story" about a LiderNet participant (Brazil-Humberto). Developed a brief story about APROFAM (Guatemala).
	1.1d Develop two-page "impact" communication pieces to document M&L successes for promotional materials.		Completed Last Period - Developed two-page (and other versions) about Uganda's Family Life Education Program (FLEP). Developed two-page promotional piece about PROOSI Business Planning Program.
	1.1e Submit summaries of M&L achievements to MSH Information Newsletter and other internal communication mechanisms.		Completed - Developed and made available on the I-drive maps describing M&L activity and funding by country. Due to competing priorities, we did not submit anything to the MSH Information Newsletter.
	1.1f Submit M&L materials to MSH Institutional Memory.		Postponed - We anticipate that this process will become more coordinated with AdCo team and database team in the future. Past staff shortages have hampered this process.
	1.1g Edit abstracts for submission to APHA, GHC, other conferences as appropriate.		Completed - Edited descriptions of selected M&L projects for APHA, GHC, PLP leadership meeting, association of historically black colleges.
	1.2 USAID (and other donors) receive timely and complete information dealing with M&L achievements.		Completed - Communicated achievements to USAID via Results Review (October 2002); Management Review (December 2002); Child Survival Reporting (September 2002); Semiannual Reports (January 2003 and July 2003); narratives for PY4 workplan.
	1.2a Edit and/or summarize M&L project reports and field successes for submission to USAID.		Completed Last Period - Summarized M&L projects for Results (completed last period in October 2002), and a brief report about Child Survival Projects (September 2002).
	1.2b Present M&L field projects to USAID and at other venues (ongoing).		Completed previous period

Print Communication Products

1.2c Gather, edit, and compile information for M&L's Semi-Annual Report.	Completed - M&L Semi-Annual Reports ending December 31, 2002 and June 30, 2003.
1.2d Portfolio Review.	Completed
1.2e Submit materials to USAID Institutional Memory.	Postponed - Staff shortages (AddCos and Communications staff) forced us to put this activity on hold.
Output: 1.3 M&L experiences and achievements are communicated to external audiences via presentations, seminars, and workshops.	Completed
1.3a Market and present M&L materials (tools, publications, and other communication pieces) at two Technical Seminars in Washington DC (Topics: TBD).	Completed - Technical seminar on Blended Learning Programs in International Health in March 2003.
1.3b Assist in preparing and compiling M&L materials for presentations.	Completed - Helped technical experts develop presentations on organizational climate, business planning program (PROCOSI), health sector reform, Indonesia, LiderNet, Blended Learning, and other topics as needed.
1.3c Plan and coordinate an information exchange forum for the Technical Cooperation Network.	Postponed - Due to delays in TCNetwork Planning.
Output: 1.4 Information from the field is improved for use in communications/marketing forums.	In Process - We keep in touch with field staff via email to exchange information and develop story ideas.
1.4a Present and train M&L staff on "collecting stories from the field".	Completed - Guidelines for collecting stories from the field are available on I drive (for TDYS).
1.4b Document field perspectives on management and leadership needs through surveys and focus group research.	In Process - Helping to compile stories for the Leadership Challenges Survey (for Leadership Handbook).

Electronic Communication Products

Project Manager	Task	SubTask	Status/Notes
Bauman, Ruth	A2WWCPD4	97CPEC	
Outcome/Output/Activity			
Outcome: 1 Electronic communication products and communication processes are integrated.	In Process - Activities related to electronic products and processes were reprogrammed to be included in PY4 under the Communications and Reporting and M&L Web Space workplans.		
Output: 1.1 Strategy for all communications products is documented, piloted and evaluated.	In Process - Held three meetings in February and March to discuss communications needs with M&L and MSH staff.		
1.1a Review portfolio of current and anticipated communication products	Completed - Communications portfolio was reviewed and a draft of the communications strategy was circulated to M&L Directors Group and other M&L and MSH staff.		
1.1b Define strategy for targeted and integrated dissemination and sharing.	In Process - Worked with M&L staff and MSH's new communications director (May 2003) to define targeted strategy.		
1.1c Train staff on process and goals.	Postponed		
1.1d Evaluate process and offer recommendations made for PY4.	Postponed		

Communication Electronic Products: Electronic Tools

Project Manager	Task	SubTask	Status/Notes
Griffin, Jude	A2WWCPD4	97ETEC	
Outcome/Output/Activity			
Outcome: 1 M&L is using an expanded suite of electronic communication tools for work with partners and clients.			Cancelled - Evaluated and cancelled due to other priorities.
Output: 1.1 Three electronic events are piloted incorporating multimedia with partners in the field.	Cancelled		
1.1a Assess communication needs with partners/clients, and selection of pilot partners.		Cancelled	
1.1b Complete assessment of technological and technical readiness.		Cancelled	
1.1c Conduct testing of communication and exchange functionality.		Cancelled	
1.1d Provide set-up and support of events.		Cancelled	
1.1e Evaluate pilot events and offer recommendations.		Cancelled	

This activity to pilot different electronic communication tools with partners and clients was consolidated into other activities such as the TCNetwork and the Virtual Center for Leadership and Management.

Communication Electronic Products: ERC

Project Manager	Task	SubTask	Status/Notes
Griffin, Jude	A2WWCPD4	99ECEC	
Outcome/Output/Activity			
Outcome: 1 M&L expands its ability to use the ERC to leverage learning and expand impact of work.	In Process	In Process - This year new sections were added to the ERC on management and leadership in both the main ERC section and the Toolkit section. Manager issues are in the process of being posted and other materials being evaluated for inclusion.	
Output: 1.1 Strategy for using ERC is articulated and piloted. 1.1a Review priorities for communication and experience exchange. 1.1b Document goals and objectives for activity and impact. 1.1c Develop indicators. 1.1d Design, prototype and support new section and supporting functionality on ERC. 1.1e Evaluate innovations and offer recommendations.	In Process Completed Completed In Process In Process	In Process - The use and current structure of the Web site is being evaluated to better understand how best to share and disseminate this resource to users.	

The Electronic Resource Center was expanded to include new content and tools related to management and leadership. New materials also include issues of the Manager. Additional materials are being evaluated for inclusion on the Web site.

Electronic Resource Center CD-ROM in Spanish

Project Manager	Task	SubTask	Status/Notes
Outcome/Output/Activity			
Outcome: 1 The ERC is fully available in Spanish in the new format.			Postponed - Tens of thousands of pages from the ERC Web site were copied.
Output: 1.1 All Spanish content is assessed, reformatted, and transferred into new format.			Postponed - These activities will be reprogrammed in coordination with VCLM in PY4.
1.1a All content catalogued and mapped to new IA structure.			Postponed
1.1b New content written and template revisions made as needed.			Postponed
1.1c All content transferred into new format.			Postponed

This workplan to make the Electronic Resource Center available in Spanish was postponed until a more thorough evaluation of the demand and audience for the product is conducted.

Communication Electronic Products: M&L Webspace

Project Manager	Task	SubTask	Status/Notes
Bauman, Ruth	A2WWCPD4	97WSEC	
Turning the M&L external Web site into a hub for communicating M&L news, resources, program descriptions, products and services, challenges, and successes.			
Outcome/Output/Activity			
Outcome: 1 External Web site is the electronic informational hub for communicating the challenges, successes, and learning of M&L.			In Process - Updating and improving the information available via the M&L website is an ongoing activity.
Output: 1.1 Web site is launched.			Completed previous period - Web site launched December 2002.
1.1a Revise content and page layout.			Completed - Content and navigation revised May-June, 2003.
Output: 1.2 Portfolio of existing communication materials are periodically reviewed for posting to Web site and suitable materials adapted as needed.			Completed - Story about FLEP adapted to a format suitable for posting, May-June 2003.
1.2a Review and adapt materials quarterly.			Completed
1.2b Adapt and post materials for Web site.			Completed
Output: 1.3 Original material is generated for Web site as needed			In Process - New content developed (VLDP, Lidernet) and posted (APROFAM).
1.3a Assess suggested content additions on quarterly basis.			In Process
1.3b Develop and post new materials to Web site.			In Process - New content has been developed; will be posted early in PY4.
Output: 1.4 Monitoring and evaluation plan for Web site implemented.			Completed - Webtrends reports (collected on the MSH server) will automatically track hits and users; we are also collecting user comments.
1.4a Document goals and objectives for Web site growth and impact.			In Process - Web site goals and objectives will be reflected in overall communications strategy.
1.4b Develop indicators.			Completed - Webtrends reports expected to offer adequate picture of hits and users; no reason to develop customized indicators.
1.4c Implement measurement methodologies.			Completed
1.4d Conduct evaluation and offer recommendations for PY4.			In Process - Recommendations for PY4 are based on user feedback.

Communication Electronic Products: Community Health-L

Project Manager	Task	SubTask	Status/Notes
Griffin, Jude	A2WWCPD4	97CHEC	
Outcome/Output/Activity			
Outcome: 1 M&L benefits from an ongoing stream of discussion on managers who lead.	Completed - An evaluation of the list and its users led us to the conclusion that this activity no longer fits M&L's mission and objectives. The decision was made to end the list.		
Output: 1.1 Electronic forum facilitates discussion of management and leadership issues, learning and experience sharing at the community level	Completed - Discussion list was moderated all year, activity actually increased, but decision was made to end list. Was closed June 2003.		
1.1a Evaluate Community Health-L (CH-L) for current membership and discussion history.	Completed		
1.1b Review possibilities to take CH-L in a new direction or start a new discussion forum (assumption for below is keeping CH-L but the activities are the roughly equivalent).	Completed		
1.1c List guidelines, objectives, and moderators chosen and trained.	Cancelled - Decided not to continue CH-L or start new list.		
1.1d Support discussions	Cancelled		
1.1e Evaluate discussions and make recommendations	Cancelled		

Consultant Support Center

Project Manager	Task	SubTask	Status/Notes
Outcome/Output/Activity			
Griffin, Jude	A2WWCP1D4	97ICEC	
This activity to develop a consultant support center was consolidated into other activities such as the TCNetwork and the Virtual Center for Leadership and Management.			
Output: 1 M&L staff and partners from around the world have access to M&L consulting support products and tools.	1.1 Design and test interface for implementation and support center for Consulting for Results program.	Cancelled	
	1.1a Design interface.	Cancelled	
	1.1b Test interface.	Cancelled	
	1.1c Evaluate and make recommendations.	Cancelled	

Fellows Program (e-Exchange) - Collaborative Workspace Pilot

Project Manager	Task	SubTask	Status/Notes
Griffin, Jude	A2WWCPD4	97FPEC	
Outcome/Output/Activity			
Outcome: 1 M&L staff are utilizing and benefiting from virtual collaboration and learning dissemination products.		Cancelled	
Output: 1.1 Collaborative workspace is built and being used for pilot testing.	1.1a Workspace is built and tested.	Cancelled	
	1.1b Workspace is expanded.	Cancelled	
	1.1c Workspace is evaluated.	Cancelled	

This activity to develop and pilot a virtual collaborative workspace was consolidated into other activities such as the TCNetwork and the Virtual Center for Leadership and Management.

Provider's Guide to Quality and Culture

Project Manager	Task	SubTask	Status/Notes
Nauseda, Fiona	A2USCP1D4	70CCEC	
Outcome/Output/Activity			
Outcome: 1 Improve the quality of health care for culturally diverse populations.		In Process - Development of seminar in process. Seminar will be delivered in September 2003. Informatics Sheets will be complete in September 2003.	
Output: 1.1 Develop and Deliver virtual seminar for 75 health care providers.		Cancelled - Activity was eliminated due to a change in the client's priorities.	
	1.1a Develop virtual seminar curriculum.	Cancelled	
	1.1b Develop virtual seminar platform.	Cancelled	
	1.1c Recruit & enroll participants.	Cancelled	
	1.1d Deliver virtual seminar to providers.	Cancelled	
	1.1e Evaluate seminar.	Cancelled	
	1.1f Enhance the Provider's Guide Web site.	Cancelled	
	1.1g Develop CMEs/CEUs for seminar.	Cancelled	
Output: 1.2 Develop and Deliver AAPI Virtual seminar for 75 health care providers.		In Process - Programmed for September 2003.	
	1.2a Develop AAPI virtual seminar curriculum.	In Process - The majority of the content has been developed, reviewed, and finalized.	
	1.2b Modify virtual seminar platform.	In Process - The seminar platform has been designed and the functionality is currently being built	
	1.2c Identify participants.	In Process - We are working with our client and an advisory committee to market the program. We have developed a marketing flyer that will be distributed to potential participants.	
	1.2d Deliver AAPI seminar.	In Process - Will be complete in Sept. 2003	
	1.2e Evaluate seminar.	In Process - Upon completion of the seminar	
	1.2f Enhance the Provider's Guide site.	In Process - This is an on-going activity. We respond to users requests, perform routine maintenance on the site. We will be adding materials from the seminar to the site upon its completion.	
	1.2g Develop CMEs/CEUs for seminar.	In Process - We are working with our client to identify how to develop CMEs for the seminar.	
Output: 1.3 Develop and add new information and materials regarding health disparities to the Provider's Guide Web site.		In Process - Research and writing of 4 informatics sheets for different cultural groups is in process. The drafts are currently being reviewed, finalized, and copyedited. Completed materials will be available on the Provider's Guide Web site in September 2003.	

Provider's Guide to Quality and Culture

- 1.3a Research and write content.
In Process
- 1.3b Incorporate new content into Web site.
In Process

Country Programs

Afghanistan: Afghanistan: Field/Home Office Support	72
Afghanistan: MOPH (Health Sector Oversight and Management	73
Afghanistan: Pharmaceuticals	75
Afghanistan: Service Delivery (Including Grants)	76
Afghanistan: Survey (Health Resources Assessment)	78
Africa Bureau	79
Bolivia: COMBASE	80
Bolivia: Project Management	82
Bolivia: Prosalud	83
Brazil: HIV	85
Brazil: TB	88
Ghana - see workplan at SDI1 (FS and Core funded activity)	5
Guatemala: Child Survival	91
Guatemala: Population	92
Honduras	93
Indonesia	95
Latin America Caribbean Health Sector Reform (LACHSR) Initiative: Decentralization Mapping Tool	100
Latin America Caribbean Health Sector Reform (LACHSR) Initiative	101
Latin America Caribbean Health Sector Reform (LACHSR) Management	102
Latin America Caribbean Health Sector Reform (LACHSR) Publications	103
Mozambique: M&L/HSS	105
Mozambique: M&L/Malaria	106
Nicaragua MOH Leadership and Management In Health	109
Nicaragua: Profamilia	112
Nicaragua: Harvard School of Public Health	114
Nigeria: Nigerian National Primary Health Care Development Agency	115
Peru	117
REDSO	118
Tanzania HIV TAC AIDS	119
Tanzania: Public-Private Partnerships	121
Uganda Ministry of Health	122

Afghanistan: Field/Home Office Support

Project Manager	Task	SubTask	Status/Notes
Savelli, Anthony	A2AFCP2XX	99FHXXX	In Process - During the second six months of Afghanistan Health Services Enhancement Project (AHSEP), the field and home evaluated, office support units strengthened the project's administrative systems and documented policies and
Outcome/Output/Activity			
Output: 1 Project activities are effectively and efficiently managed, monitored and	In Process - The Kabul office established policies and procedures for human resources, travel, security, procurement, cash management, housing and fleet.		
Output: 1.1 The Kabul office effectively and efficiently manages day-to-day operations of the project.			
Output: 1.2 Management and technical and administrative support is provided from the Boston and Washington offices.	In Process - The Boston and Washington offices provided management support and assistance with administrative issues including accounting, human resources, and information systems, both from the US and through TDYs.		

Afghanistan: MOPH (Health Sector Oversight and Management)

Project Manager	Task	SubTask	
Savelli, Anthony	A2AFCP2XX	99MHXX	
Outcome/Output/Activity	Status/Notes		
Output: 1 MOPH Capacity Building: Leadership/Management/Monitoring and Evaluation of Provincial Programs.	In Process - MOH supported.		
Output: 1.1 Human Resource Development Support.	In Process		
1.1a Finalize categories of health personnel & level of service.	Completed		
1.1b Develop & finalize job descriptions each category of health worker involved in delivery of BPHS.	Completed - Completed for CHWs.		
1.1c Develop process and tools for testing and certification system for mid- and lower level health workers.	In Process - Guideline developed.		
1.1d Initial implementation of certification system.	Postponed - Planned for October 2003.		
Output: 1.2 Finalization of Basic Package of Health Services.	Completed		
1.2a Support MOPH Team to review and revise the BPHS ensuring that it is consistent with National Health Policy and integrated with other services in the country.	Completed		
1.2b Finalize the BPHS document with MOPH and partners and dissemination of that information and presentation of BPHS to various groups.	Completed		
Output: 1.3 Development of MoPH Management Capacity.	In Process - Participate in CGHN, MOH supported in health Management and it is an ongoing activity.		
1.3a Provide technical seminar every other month at MOPH and relevant departments.	In Process - Nine seminars conducted		
1.3b Sponsor one MoPH participant to a Communications Workshop in Bangkok, Thailand in January, 2003.	Completed		
Output: 1.4 Support Programme Secretariat in Management and Public Administration.	In Process - Actively participated in CGHN.		
1.4a Develop comments on proposed new MOPH policies for Minister and Deputy Minister.	Completed - Actively participated and support provided.		
1.4b Participate in Health Coordination Task Force.	Completed - MSH participated, but this task force is closed now		
1.4c Work with different MOPH departments to assess needs and help strategize on priorities and directions for the future by being accessible to them.	In Process - Ongoing efforts		

Afghanistan: MOPH (Health Sector Oversight and Management)

1.4d Collaborate with other Programme Secretariat members and donors.	In Process - Being carried out on a weekly basis.
Output: 1.5 Health Management Information Systems. 1.5a Serve on MoPH HIS Task Force. 1.5b Develop elements of HMIS as part of collaborative team	In Process - The indicators and guideline developed. Completed this period - MSH staff members attended regularly. In Process - Ongoing activity.
Outcome: 2 Community Based Health Services: Costing.	Completed - Study is completed and presented to MOH.

Afghanistan: Pharmaceuticals

Project Manager	Task	SubTask	Status/Notes
Savelli, Anthony	A2AFCP2XX	99PHXXX	
Outcome/Output/Activity			
Output: 1.1 Afghanistan Pharmaceutical Procurement and Distribution System Enhanced.	In Process	In Process	
1.1a Initiate process of forming a pharmaceutical pooled procurement group.	In Process - National Essential Drug List, Drug Donation Guidelines, Medical Equipment Donation Guidelines developed and printed by technical NGOs, UN agencies, and MOH provincial health teams.		
1.1b Purchase and distribute drugs and contraceptives in support of AHSEP Service Enhancement (Grants) program.	In Process - Individual and group meetings with clients held, interested NGOs were identified, models have been reviewed and the plan to develop policies and procedures were prepared. This activity will continue under REACH Program.		
1.1c Finalize Pharmaceutical Sector Assessment Report.	Completed - Quality Essential Drugs valued at \$350,000 and contraceptives at \$200,000 were distributed to more than 25 health facilities over 13 provinces of Afghanistan through NGO grantees to serve the patients		
1.1d Sponsor one MoPH staff member to attend a December 2002 course on Drug and Therapeutics Committees in Jordan.	Completed - Results presented to Technical Deputy Minister of Health and other MOH senior staff.		
1.1e Conduct National Drug Policy (NDP) Workshop using assessment results.	The report findings are being used to develop a National Drug Policy Workshop.		
1.1f Conduct four regional and one national workshop to finalize National Essential Drug List.	Cancelled - Unable to obtain visa.		
1.1g Participate in MOPH Private Sector working group on drug management in pharmacies, using results from USAID/MSH Private Sector Assessments.	Completed - NDP Workshop was conducted in March 2003 and the assessment results were used, particularly in identification of existing pharmaceutical problems		
	Completed - National Essential Drug List was developed through four regional workshops, and finalized and approved in a national workshop		
	Completed - Regular participation in the PSWG. Generic drug law of Afghanistan and MOH policies and procedures related private sector health providers were reviewed and revised. To continue under REACH		

Program focuses on increasing the availability of essential drugs of assured quality at MOH and NGO facilities, and strengthening the capacity of the Essential Drug Department in the MOH to develop and implement an essential drugs list, policies, and guidelines.

Afghanistan: Service Delivery (Including Grants)

Project Manager	Task	SubTask	Status/Notes
Savelli, Anthony	A2AFCP2XX	99SDXX	
To rapidly provide health services to women and children in underserved areas through grants to NGOs. Grant activities implemented consistent with MOH national strategy, especially focusing on community based health services.			
Outcome/Output/Activity			
Output: 1 New grants to NGOs are developed and managed; ongoing grants are monitored.	In Process - Final monitoring reports in process		
Output: 1.1 Grant management system in place.	Completed - Completed January 2003.		
1.1a Identify, finalize and implement new grants.	Completed - Final grants awarded in March 2003, including extensions.		
1.1b Refine and maintain the grants database.	Completed - Basic database completed January 2003.		
1.1c Further develop and implement grant monitoring system.	Completed - Completed December 2003.		
1.1d Continue to refine and develop internal systems, including payment and technical review systems.	Completed - Manual updated March 2003.		
1.1e Evaluate current grants process and system.	Completed - Manual revised March 2003.		
1.1f Provide technical assistance to NGOs in administering their grants.	Completed - Grants completed June 2003.		
1.1g Collaborate with other donors on funding NGO activities.	Completed - Completed April 2003.		
Outcome: 2 Needs are assessed for management of service delivery programs by the Ministry of Health.	Completed - Completed March 2003.		
Output: 2.1 Grants needs assessment completed.	Completed - Full coordination with MOH and donors on assessment.		
2.1a Assess the feasibility for a MOH and donor unified approach to PPA-like mechanisms.	Completed - Completed April 2003.		
2.1b Promote the concept of a coordinated uniform grant mechanism among donors.	Completed - April 2003; MOH Grants and Contracts Management Unit (GCMU) created.		
Outcome: 3 A Community Based Health Care service model is developed for Afghanistan.	In Process - Ongoing for Afghanistan.		
Output: 3.1 Community Based Health Care model designed.	In Process - Policies revised May 2003 and being distributed.		
3.1a Assist the MOH and NGOs in developing best practices related to community-based health care.	Completed - BPHS document published.		
3.1b Organize an observational trip to India by the Deputy Minister of Health.	Completed - December 2003.		
3.1c Conduct study tours for MOH and NGO staff to India to observe a successful community health program (with pre-visit meetings).	In Process		
3.1d Create action plans with NGOs based on study tour experiences.	Completed - Completed April 2003.		
Outcome: 4 Provinces, districts and NGOs cooperate in the development of grant proposals.	Completed - See survey workplan.		
Output: 4.1 Provincial planning workshops conducted.	Completed - See survey workplan.		

Afghanistan: Service Delivery (Including Grants)

- 4.1a Through participation in provincial planning workshops, identify opportunities, barriers and options for cooperation between donors, NGOs and MOH in developing grant proposals.

Completed - Access department coordinated with survey and incorporated results into grant review.

Afghanistan: Survey (Health Resources Assessment)

Project Manager	Task	SubTask	Status/Notes
Savelli, Anthony	A2AFCP2XX	99SVXXX	
This plan focused on creating and maintaining a critical component of a national health management information systems, namely an inventory of health facilities.			
Outcome/Output/Activity	Output:	Output:	Output:
Outcome: 1 Health Resources Database.	Output: 1.1 Maintain and Update Health Resources Database.	Output: 1.2 Transfer Health Resources Database.	Output: 2 Household Health Assessment.
	<p>1.1a Finalize initial data entry.</p> <p>1.1b Adapt Database for Updates.</p> <p>1.1c Validate Data with Partners.</p> <p>1.1d Monitor new facilities.</p> <p>1.1e Produce customized reports.</p> <p>1.1f Coordinate with AIMS for mapping.</p>	<p>1.2a Conduct Data Management Capacity Assessment at MoPH.</p>	<p>2.1 Household survey designed and implemented.</p> <p>2.1a Design baseline household survey on contraceptive prevalence and healthcare seeking behavior.</p> <p>2.1b Train Data collectors for baseline household survey.</p>
	In Process - In process under REACH.	Completed - Completed in November 2002.	Cancelled - This activity will take place under REACH
	Completed - Completed in March 2003.	Completed - Completed for initial data entry (In progress as REACH activity).	Cancelled - N/A
	Completed - Completed (In progress as REACH activity).	Completed - Completed (In progress as REACH activity).	Cancelled - N/A
	Completed - Completed (In progress as REACH activity).	Completed - Completed (In progress as REACH activity).	Completed - Completed - N/A
	Completed - Completed in March 2003	Completed - Completed March 2002	Cancelled - This activity will take place under REACH
	Completed	Completed	Cancelled - This activity will take place under REACH
	Completed - Completed in November 2002	Completed - Completed in November 2002	Cancelled - N/A
	Completed - Completed in November 2002	Completed - Completed four provinces in March	Cancelled - N/A
	Completed - Completed in November 2002	Completed - Completed in December 2002	Completed - N/A
	Completed	Completed	Cancelled - This activity will take place under REACH
	Completed	Completed	Cancelled - This activity will take place under REACH
	Completed	Completed	Cancelled - Not completed. This is to be further developed under REACH
	Completed	Completed	In Process - In progress under REACH
	Completed	Completed	In Process - In progress under REACH
	Output: 3 Performance Monitoring of Provincial/District/NGO Programs.	Output: 3.1 Performance monitoring system in place.	
		3.1a Identify performance indicators for service delivery programs.	
		3.1b Propose methods for measuring performance indicators.	

Africa Bureau

During this project year, discussions were held with Africa Bureau to identify priorities for M&L activities.

After a series of meetings, with progress adversely affected by the USAID restructuring, HCD emerged as a major theme for our work. Design efforts are underway to ensure synergy with M&L's HIV/AIDS core-funded HCD initiative.

Bolivia: COMBASE

Project Manager	Task	SubTask	Status/Notes
Johnson, Sarah			
A2BOFP0XX	90CBXX		
PY3 is M&L's second year of technical assistance to COMBASE, a small faith-based NGO working in the Bolivian city of Cochabamba and its outskirts with a modest general hospital and five small clinics. TA this year includes: development of the computerized MIS in COMBASE, support for development of annual operational plan (2003) and monitoring of the same, evaluation of administrative and financial procedures and beginning of a new administrative manual, and general support in financial sustainability.			
Outcome/Output/Activity			
Outcome: 1 By June 2003, computerized service productivity data is available and used by managers.			In Process - We plan to achieve this outcome by August 2003. The new MIS is almost complete, including financial data, inventory, service utilization data, etc. A new server and accounting software are fully functional. USAID/Bolivia has contributed some computers.
Output: 1.1 Computerized MIS module designed and implemented and 10 staff trained.			Completed - Entire computerized MIS developed, not just one module. Limited number of staff have been trained in operation of new MIS. Rest of staff to be trained in August 2003
	1.1.a MIS module on service productivity is designed.		Completed - Entire MIS developed.
	1.1.b Module is tested and refined.		Completed
	1.1.c Integration with other MIS components.		Completed
	1.1.d Staff trained on MIS module.		Postponed - Staff training in August 2003.
	1.1.e MIS module is implemented.		Completed - Completed the end of August 2003.
Outcome: 2 By June 2003, administrative processes at Combase are redesigned, staff is trained and a procedure manual is available.			In Process - The evaluation of financial and administrative processes has been completed. By September 2003, the manual (also to include HRM processes) will be completed and the staff will be trained.
Output: 2.1 Administrative procedure manual produced.			In Process - Will be completed in September 2003. Decision was made to focus more time and resources on MIS in PY3 and postpone this component briefly.
	2.1.a Staff interviews and review of existing processes.		Completed
	2.1.b Formation of internal working group.		Completed
	2.1.c Flowcharting of work processes.		Completed
	2.1.d Write administrative procedure manual.		In Process - Will be completed in August 2003.
	2.1.e Review findings from pre-test of manual.		In Process - Completed September 2002.
Output: 2.2 Training of 14 administrative personnel.			Postponed - This will be done in August/September 2003.
	2.2.a Training workshop held.		Completed
Output: 2.3 Integrated cost/revenue control system for hospital and clinics is designed.			In Process - Part of financial administrative processes and procedures.

Bolivia: COMBASE

	2.3a Design system.	Postponed - CORE was done in PY2. The revenue control system will be part of new financial procedures.
	2.3b Implement system and train staff.	Postponed
Outcome:	3 By June 2003, Combase managers and board have strengthened management and leadership capacity.	In Process - During every technical visit in PY3, good management and leadership have been the focus. This is an on-going process. Much has been done in annual operational planning, use of data for decision making, good financial management. During PY3, considerable TA has been provided on designing and implementing the 2003 annual operational plan for the hospital and the clinics. In technical visits the issue of financial sustainability is regularly pursued.
Output:	3.1 Twenty managers and board members trained in four leadership and management modules and additional areas. 3.1a Conduct two-day leadership dialogue. 3.1b Deliver modules one through four. 3.1c A board workshop conducted (financial sustainability and roles and responsibilities of board).	Postponed - In PY4 there will be five M&L modules. Postponed - Will be done in PY4. Postponed - Will be done in PY4. Completed - Topic shifted to board roles and responsibilities because of new board; all CORE data on financial sustainability also presented.

Bolivia: Project Management

Project Manager	Task	SubTask	Status/Notes
Johnson, Sarah	A2BOFP0XX	97XXXX	
Outcome/Output/Activity			
Outcome: 1 M&L Bolivia program is managing its technical and administrative responsibilities.		Completed	
Output: 1.1 Increased capacity at MSH/Bolivia office. 1.1a Strategic Planning Workshop 1.1b Provide ongoing management and back-stopping support to all activities.	1.1 Increased capacity at MSH/Bolivia office. 1.1a Strategic Planning Workshop 1.1b Provide ongoing management and back-stopping support to all activities.	Completed Completed - Workshop took place in July of 2002 Completed	

Providing support from Boston and MSH Bolivia for one core funded PY3 activity (Chemonics-municipality strengthening program) and two field support funded activities (Prosalud and COMBASE).

Bolivia: Prosalud

Project Manager
Johnson, Sarah

A2BOFP0XX 90PSXXX

In PY3 M&L is working closely with Prosalud staff to re-engineer the Prosalud management model (modernize and decentralize), including redefining the roles, responsibilities, and functions at each level of the organization, revamping the management systems in the organization (processes and procedures of each), redoing job positions, the organizational structure and strategic management control. M&L is also preparing with Prosalud the training and implementation plans to implement the new management model in PY4.

All the work is being done with a group of approximately 30 Prosalud managers from different levels in the organization.

Outcome/Output/Activity	Status/Notes
<p>Outcome: 1 Organizational results at the health center level are improved including level of financial sustainability, team integration, and productivity.</p>	<p>Postponed - PY3 was devoted to an intensive organizational re-engineering process of all the management systems in the organization, etc. as noted above. A new management model will be implemented in PY4 and hopefully lead to improved organizational results.</p>
<p>Output: 1.1 Six learning/performance improvement modules are delivered to managers at the 32 health centers and performance objectives completed.</p> <p>1.1a Evaluate progress made towards performance objectives in all modules delivered during March through June 2002.</p> <p>1.1b Prepare and deliver the modules.</p> <p>1.1c Apply CORE.</p>	<p>Cancelled - Instead of doing the P1 modules we took on the entire re-engineering of Prosalud.</p> <p>Completed - Evaluation of 4 modules developed and delivered in PY3.</p> <p>Cancelled - Substituted organizational modernization of Prosalud as per notes throughout this document.</p> <p>Cancelled - Same as above. Devoted year to massive re-engineering effort of all systems.</p>
<p>Outcome: 2 Prosalud's operations and processes are decentralized according to the strategic objectives of the organization.</p>	<p>Completed - Processes and procedures for management systems in Prosalud have been modernized and decentralized. Roles, responsibilities and functions for each level have been described. Manuals for systems have been completed. Job descriptions, organizational structure have been revamped. Training and implementation plans to put new management model into effect in PY4 are complete.</p>
<p>Output: 2.1 Need for decentralization of Prosalud analyzed and compared to other NGO experiences elsewhere.</p> <p>2.1a Discussion with executive director and management team.</p>	<p>Completed</p> <p>Completed</p>

Bolivia: Prosalud

Output:	2.2 Evaluation of current organizational roles and functions and initial planning of decentralization is completed.	Completed - All systems and processes in Prosalud have been modernized and decentralized according to discussion and definition of roles and functions of different levels in the organization.
	2.2a Review organizational structure, current organizational processes (finance, administration, HRM) and existing capacity.	Completed - Redesign of all management systems and corresponding processes, norms and procedures is complete.
	2.2b Two day decentralization planning workshop with representatives from central, regional and local levels.	Completed - Workshop held July 29 to August 2, 2002.
	2.2c Write report, which includes decentralization plan from workshop and findings from organizational scan of processes and functions.	Completed
 Output:	 2.3 Administrative manuals describing changes in functions and processes is produced.	In Process - Administrative manuals have been completed with exception of one system which will be completed in PY4.
	2.3a Work with Prosalud decentralization team to design new organizational processes according to decentralization plan.	Completed
	2.3b Produce new administrative manual.	Completed
 Output:	 2.4 Jobs are re-profiled according to decentralization plans and staff trained in new functions.	Completed
	2.4a Consultation with decentralization planners and newly conformed job profiles completed with HR director.	Completed
 Outcome:	 3 Prosalud's HRM processes are supported and employee satisfaction increased.	Completed - HRM processes were part of the overall re-engineering of the organization. Until implementation of the new management model in PY4 we will not be able to measure employee satisfaction.
 Output:	 3.1 Enhanced HRM processes.	Completed - All organizational processes were enhanced, including HRM.
	3.1a Evaluate and modify existing salary policy.	Postponed
	3.1b Complete employee planning and evaluation system.	Completed

Brazil: HIV

Project Manager Braga, Jennifer
Task A2BRFH1X
SubTask 20HAXX

MSH is contributing to the USAID/Brazil HIV/AIDS strategic objective for 1998-2003 to prevent transmission of HIV/AIDS in target groups. This is done through provision of technical assistance to strengthen management capacity of public sector HIV/AIDS programs in the states of Rio de Janeiro, São Paulo, Bahia, Ceará, and in two NGOs in Rio de Janeiro. At the request of the Brazilian MOH National AIDS Coordinating Unit, MSH also provides management assistance to AIDS NGOs in Brazil's poor north (Amazon) region.

Outcome/Output/Activity	Status/Notes
Outcome: 1 The management capacity of selected Brazilian NGOs involved in HIV/AIDS prevention is strengthened.	In Process - MSH will continue to strengthen the technical and financial sustainability of four selected NGOs: Rede de Amizade e Solidariedade, Katiro, Gapa, and Aga e Vida. Each of the NGOs will have updated management development plans and will have received technical assistance for revision of bylaws, human resources management, financial management, and fundraising.
Output: 1.1 The National STD/AIDS committee has a completed database of NGOs involved in HIV/AIDS prevention.	Completed - MSH do Brasil assisted the National STD/AIDS Committee to complete a mapping of NGOs working in HIV/AIDS prevention. Today an NGO directory is in publication.
1.1a Assist the National STD/AIDS Committee to complete mapping of NGOs.	Completed - NGO directory currently in publication.
Output: 1.2 Management of 4 HIV/AIDS NGOs in the Northern region is improved by implementation of the MOST action plan.	In Process - Strategic planning workshops were conducted for four NGOs in September 2002; Katiro and Rede de Amizade e Solidariedade in Manaus, Amazonas, GAPAPara in Belém, Pará, and Aga e Vida in Rio Branco, Acre. Assessments resulted in management development action plans.
1.2a Conduct management assessment of 4 NGOs using APRGAE (MOST).	Completed - Assessments for four NGOs in September 2002 resulted in management development action plans.
1.2b Based on results of APRGAE, provide technical assistance to implement management development plan activities.	In Process - Strategic planning workshops with the staff of each of the four NGOs conducted. Technical assistance in the areas of revision of bylaws, human resources management, financial management, and fundraising is in process.
Output: 1.3 Publications are produced that support the management development of HIV/AIDS NGOs	In Process - The first draft of a booklet on legal issues concerning AIDS NGOs was written and reviewed.
1.3a A booklet is produced in FAQ format that addresses NGO legal concerns.	In Process - First draft of a 30 to 35 page booklet on legal issues concerning AIDS NGOs was written and reviewed. An outside editorial review board will be technically responsible for the final product. Layout and production will begin in June 2003.

Brazil: HIV

Output: 1.4 Management and administrative systems of selected HIV/AIDS NGOs are strengthened.

In Process - Social marketing is a key strategy to making condoms available for HIV prevention. Over the years, USAID/Brazil has provided support to DKT, which in turn supported Brazilian NGOs to carry out social marketing activities. Most of these NGOs, however, need to strengthen their management systems in order to expand their social marketing activities. Transformarte is one of these organizations. MSH has provided technical assistance to strengthen Transformarte's financial procedures, identify new potential sources of funding and build its home page. Also, MSH awarded R\$50,000 under a Memorandum of Understanding to Associação Interdisciplinar de AIDS (ABIA) for management strengthening, as a result of ABIA having won the CN competition that recognized NGO sustainability efforts in the management area.

1.4a Transformarte, a social marketing project involved in HIV/AIDS prevention among low income adolescents in Rio de Janeiro, is officially established and develops administrative systems for management monitoring and control through an incubator relationship with MSH do Brasil.

1.4b The Brazilian Interdisciplinary AIDS Association (ABIA) develops an updated administrative model and social communication plan through a R\$50,000 fixed-obligated grant (FOG) to be paid in local currency (R\$50,000 = US\$14,000).

In Process - Transformarte is today a fully legalized NGO. Transformarte has established financial management procedures, moved into new headquarters, initiated activities to diversify its funding base, launched its homepage, and held its first Annual Meeting.

In Process - In Process - ABIA was awarded R\$50,000 under an MOU for management strengthening, as a result of having won the CN competition that recognized NGO sustainability efforts in the management area. Activities under the MOU currently being carried out.

Outcome: 2 The management capacity of selected public sector STD/HIV/AIDS programs is strengthened.

In Process - Strategic planning is an essential management function for HIV/AIDS programs given the need to prioritize and allocate resources strategically. With USAID/Brazil support MSH has contributed to consolidating the practice of strategic planning among HIV/AIDS programs in Brazil. USAID/Brazil's assistance, via MSH, to develop the methods and tools for carrying out strategic planning in Brazil has strengthened the decentralization of HIV/AIDS program management. MSH is also assisting SESA with decentralization of VCT services to the municipal level. A pilot project has been planned and is beginning implementation in the micro region of Juazeiro do Norte, Ceará. MSH will be responsible for providing technical assistance to implement testing services, including quality assurance.

Output: 2.1 A municipal STD/AIDS program has strengthened institutional capacity to manage STD/HIV/AIDS programs in the context of decentralization.

2.1a Santos Municipal AIDS/TB/Hepatitis Program receives technical assistance in strategic planning for integrated prevention and control of these infectious diseases.

Completed - Santos Municipal AIDS/TB/Hepatitis Program completed a strategic plan and submitted it to CN DST/AIDS.

Completed - Santos Municipal AIDS/TB/Hepatitis Program completed a strategic plan and submitted it to CN DST/AIDS.

Brazil: HIV

Output: 2.2 A state secretariat of health offers quality voluntary HIV counseling and testing services in a selected Micro regional Referral Center.	In Process - MSH is assisting SESA with decentralization of VCT services to the municipal level. To do so, a pilot project has been planned and is beginning implementation in the micro region of Juazeiro do Norte, Ceará. All project partners, including municipal secretariat of health staff and NGO representatives, participated in project planning meetings in Juazeiro do Norte.
2.2a Implement voluntary HIV counseling and testing activities in Referral Center in six municipalities in the micro region of Juazeiro do Norte, Ceará.	In Process - All project partners participated in project planning meetings in Juazeiro do Norte and CN DST/AIDS pledged support to SESA for project implementation. Municipal staff trained in VCT procedures. Eight facilities began initiating services in May 2003.
Output: 2.3 A state secretariat of health has updated sexual and reproductive health service delivery guidelines that include HIV/AIDS.	Completed - MSH provided technical assistance to Ceará State Secretariat of Health to update sexual and reproductive health service delivery guidelines to include HIV/AIDS. A manual was distributed by Ceará State Secretariat of Health in early 2003.
2.3a Provide TA to Ceará State Secretariat of Health to update sexual and reproductive health service delivery guidelines to include HIV/AIDS.	Completed - Manual distributed by Ceará State Secretariat of Health in early 2003.
Outcome: 3 All activities are managed effectively.	Completed
Output: 3.1 Provide ongoing management support to all activities.	Completed
3.1a Provide ongoing management support to all activities.	Completed

Brazil: TB

Project Manager	Task	SubTask	Status/Notes			
Braga, Jennifer	A2BRFFH1X	40TBXXX	<p>MSH cooperates with USAID/Brazil by providing technical and administrative support to the National TB Program and the Rio de Janeiro State Secretariat of Health TB Program. USAID is assisting the National TB Program to mobilize political and administrative support for TB control and promote the use of DOTS for TB control.</p>			
Outcome/Output/Activity						
Outcome:	1. The capacity of the Ministry of Health to mobilize national, state, and municipal political and administrative support for TB control, is strengthened.	Completed - USAID/Brazil, MSH, and the MOH PCT worked together to establish joint workplans for activities to improve national, state and municipal political and administrative support for TB control, including DOTS. To meet these needs, a National Conference for State TB Coordinators and a National DOTS Seminar were held. Both conferences were organized by MSH for the MOH PCT.				
Output:	1.1 Technical assistance is provided to plan and implement selected national and state TB advocacy activities.	Completed - USAID/Brazil, MSH, and MOH PCT developed joint work plans in FY02 that pointed to the need to improve national, state and municipal political and administrative support for TB control, including DOTS. To meet these needs, a National Conference for State TB Coordinators and a National DOTS Seminar were held in FY02, both of which MSH organized for the MOH PCT.				
	1.1a A National Conference for State TB Control Managers is planned and implemented.	Completed - Completed in July 2002. Attended by 57 state TB control managers.				
	1.1b A National DOTS Conference is planned and implemented.	Completed - Completed in August 2002.				
Outcome:	2. The capacity of the Rio de Janeiro State Secretariat of Health TB Program and 22 priority municipalities to implement TB control programs in the state, including implementation and expansion of DOTS, is strengthened.	In Process - MSH is working with the Rio de Janeiro State Secretariat of Health TB program to improve municipal political and administrative support for TB control and expand and improve implementation of DOTS in Rio de Janeiro state. A workshop to strengthen state and municipal TB program management skills was held. NGOs in Rio de Janeiro State interested in working on TB control were identified and criteria for selecting them were defined. Three identified priorities are strengthening of management skills, strengthening of TB municipal staff skills to plan and organize TB control services, and strengthening TB state and municipal staff skills in the use of epidemiological information for program management. MSH has also worked to strengthen public sector partnerships with civil society organizations for TB, at the request of the Rio de Janeiro State Secretariat of Health TB program.				

Brazil: TB

Output: 2.1 Management capacity building of the Rio de Janeiro State Secretariat of Health TB Program and 22 priority municipalities.

In Process - In December 2002 MSH conducted a two and one half day workshop on management skills (leadership, negotiation, motivation, communication, team building, and managing conflict). Thirty program managers participated: 14 from the state TB program and 16 from the priority municipalities. MSH will conduct five workshops on DOTS for family health program nurses from priority municipalities and two seminars on DOTS for physicians from priority municipalities in June. Two workshops focused on strengthening TB state and municipal staff skills in the use of epidemiological information for program management are scheduled for June and July of 2003.

2.1a Workshop in management skills building (LK and RB).

Completed - Workshop to strengthen state and municipal TB program management skills held with 30 state and municipal program managers from 23 priority municipalities.

In Process - Two workshops (one for state and one for municipal staff) are schedule for June and July 2003.

In Process - Five workshops for nurses held in April and May 2003.

2.1c Five TB workshops for family health nurses on DOTS and two TB seminars for physicians on DOTS.

Output: 2.2 Civil Society Organizations (CSOs) for TB control are strengthened.

In Process - An assessment of existing CSOs that work in TB in Rio de Janeiro state and of other CSOs interested in working in TB control. Sixty-nine interested CSOs were identified through the assessment. Criteria for selection of CSOs to work in TB control were proposed. The next step was to mobilize CSOs for TB control. In a workshop that is currently scheduled, specific needs (technical, financial, and other) to be able to partner in the area of TB will be assessed. In another workshop scheduled for June of 2003, CSO staff will receive training in TB, particularly DOTS.

2.2a Existing CSOs in TB prevention are mapped and selected.

In Process - Assessment of existing CSOs that work in TB in Rio de Janeiro state and other interested CSOs working in TB control was conducted. Sixty-nine CSOs were identified and criteria for selection proposed.

In Process - Workshop held in May 2003 and attended by 65 participants to mobilize CSOs through assessment of specific needs to work in TB. Second workshop scheduled for June 2003 to train CSO staff in TB and DOTS.

Output: 2.3 Capacity of Rio de Janeiro State TB Control Program to mobilize municipal political and administrative support for TB control, including DOTS, is strengthened.

Completed - MSH provided technical and logistics support to conduct one state meeting for municipal TB coordinators, held in November 2002.

2.3a Technical and logistics support to conduct one state meeting for municipals TB coordinators.

Completed - Completed in November 2002.

Brazil: TB

Outcome: 3 One priority Municipal TB Program implements and expands DOTS.

In Process - MSH is working with the Rio de Janeiro State Secretariat of Health TB Program to improve municipal, political, and administrative support for TB control and expand and improve implementation of DOTS in Rio de Janeiro state. One of the activities is to carry out jointly between MSH and RI SES PCT the implementation of DOTS in Duque de Caxias. Duque de Caxias has a population of 775,000 and was chosen as the first municipal program to receive direct support for implementation of DOTS under Forca Total. Of the 22 priority municipal programs in Rio de Janeiro state, in 2000 Duque de Caxias municipality had the second largest TB incidence (140 cases per 100,000 population) and the second largest number of cases.

Output: 3.1 Technical assistance to one municipal TB program in Rio de Janeiro State in order to implement and expand DOTS.

3.1a Select municipality and, using performance improvement approach, provide technical assistance to implement DOTS.

3.1b Participate in International TB Training.

In Process - Duque de Caxias was selected as the municipality to receive technical assistance in implementation of DOTS. SES RJ PCT, MSH, and PCT are preparing a workplan to mobilize political support, engage NGOs, and implement DOTS in two health centers. Two participants will attend PAHO TB course in Nicaragua in June 2003.

In Process - Duque de Caxias was selected as the municipality to receive technical assistance in implementation of DOTS. SES RJ PCT, MSH, and PCT are preparing a workplan to mobilize political support, engage NGOs, and implement DOTS in two health centers.

In Process - Two participants will attend PAHO TB course in Nicaragua in June 2003.

Guatemala: Child Survival

Project Manager	Task	SubTask	Status/Notes
Hall, Michael	A2GTFCCXX	90APXXX	
Outcome/Output/Activity			
Outcome: I Develop and implement an organization-wide variable compensation program that recognizes and rewards improved efficiency, quality and income generation in individual and team performance.		In Process	
Output: 1.1 Variable Compensation Program plan, goals, objectives and indicators are developed.		In Process	
	1.1a Establish Goals and Objectives for program and do baseline assessment.	Completed - Completed July 2003.	
	1.1b Develop policies, procedures, guidelines and forms for program.	Completed - Completed July 2003.	
	1.1c Develop Management Information and program indicators.	Completed - Completed July 2003.	
	1.1d Develop and activate Implementation Plan, evaluate preliminary results (the results of which will be used to determine variable compensation), which occurs in late October, and the start date of their new fiscal year (January 1), the Implementation Plan will not begin until January 1, 2004.	Postponed - Given the APROFAM employee performance review schedule (the results of which will be used to determine variable compensation), which occurs in late October, and the start date of their new fiscal year (January 1), the Implementation Plan will not begin until January 1, 2004.	

Guatemala: Population

Project Manager	Task	SubTask	Status/Notes
Hall, Michael	A2GTFP2XX	90APXXX	
M&L began working with APROFAM in April 2002. Two principal assistance activities were identified under M&L; which were to complete a six-year process of management development of APROFAM that had been previously funded through a series of Cooperative Agreements between MSH and USAID/G-CAP.			
The first is the reorganization and redesign of APROFAM's Rural Development Program in order to better maximize it's income generating potential and its long term sustainability. This activity is Pop funded.			
Outcome/Output/Activity			
Outcome: 1 APROFAM has a reformulated and re-engineered the Rural Development Program which expands coverage and access to reproductive health services while contributing to the overall self-financing capabilities of the organization.	In Process		
Output: 1.1 Key management structures, systems and procedures are developed and operational to support the re-engineering process for marketing and promoting RH products and services.		In Process - The sales routes for the program have been re-engineered, along with the supervisory, management information, and variable compensations systems. They will all be tested in a pilot project by October 2003. Afterwards, final adjustments to the systems will be made and an administrative manual for the program finalized.	
1.1a Establish new operational conceptual framework for program including mission statement, goals and objectives, organizational chart, and defined functional statements.		Completed - Will be tested in the Pilot Project.	
1.1b Identify target market segments and product/services list, establish education/sales routes develop pricing policies and establish education / sales goals.		Completed	
1.1c Develop policies, procedures, forms and guides for program.		Postponed	
1.1d Develop supervision system.		Postponed - MIS completed but the computer software program to be used will be written and installed during the Pilot Project period.	
1.1e Develop management Information System for program.		Postponed - Pilot Project has been scheduled to occur between July 1 and October 1, with monthly reviews.	
1.1f Implement pilot program, evaluate results and make necessary modifications.		Postponed - This will be done during the first month of the Pilot Project (July).	
1.1g Train staff in prospecting and sales.		Postponed - This will be done in November after results of Pilot Project are fully analyzed.	
1.1h Develop and activate an Implementation Plan and Promotion and Publicity Plan.		Postponed - This will occur on a monthly basis during the Pilot Project (July through October).	
1.1i Provide ongoing management and back-stopping support to all activities.			

Honduras

Project Manager	Task	SubTask	Status/Notes
De la Peza, Lourdes	A2HNFPIXX	90ASXXX	
M&L worked with ASHONPLAFA on two major interventions in PY3 and wrapped up the project in June 2003. 1) We facilitated the strategic planning process, which helped the organization identify its institutional strategic priorities and organize its portfolio of projects. 2) Once the plan and priorities were developed, we assisted the staff in developing the profile of three of their main projects and in the design of the new marketing strategy area.			
Outcome/Output/Activity			
Output: 1 By June, 2003, ASHONPLAFA has a strategic plan in place, has defined their portfolio of projects, and has a strategic marketing information system.	1.1 Strategic Planning workshop.	Completed	Completed - ASHONPLAFA now has a marketing system to enable it to know and understand the market, and develop effective strategies to attract and retain clients.
	1.1a Definition of methodology and preparation of the information about micro and macro environments.	Completed - Done in coordination with the management team.	
	1.1b Collection of information about organizational performance, visits to Santa Rosa, La Ceiba, and San Pedro Sula regions.	Completed - Information was taken into account and incorporated the perspective of the clinic members at all levels.	
	1.1c Preparation for and delivery of strategic planning workshop.	Completed	
	1.1d Report writing.	Completed	
	1.1e Definition of next steps and timeline.	Completed	Completed - Strategy for the next few years was included.
Output: 1.2 Organization of the institutional portfolio of projects.	1.2a Revision/classification of the various current projects in ASHONPLAFA.	Completed	
	1.2b Identification of criteria, requirements, and norms for the organization and administration of USAID projects, IPPF affiliates, and other ASHONPLAFA donors.	Completed	
	1.2c Design of the implementation structure to organize the portfolio of projects.	Completed	
	1.2d Revision of the new projects developed in the strategic plan.	Completed	Completed - Profiles of three selected projects were defined: Strategic Development of the Market, Development of national NGO Networks, and strengthening institutional capacity.
	1.2e Organization of the unique portfolio of projects.	Completed	
Output: 1.3 Selection/design of new priority projects in general terms.	1.3a Revision of strategic plan, strategic priorities, and structure of portfolio of projects.	Completed	
	1.3b Selection and start of priority projects with counterpart teams.	Completed	
	1.3c Plan for development of priority projects with each team.	Completed	
Output: 1.4 Design of the Institutional Market Module.		Completed	

Honduras

Output:	1.4 Design program and materials for the design workshop with counterpart team.	Completed
	1.4b Design workshop for Institutional Market module.	Completed - A 5-day workshop with 25 managers at different levels was done.
	1.4c Documentation, revision, and adjustments of workshop products.	Completed
	1.4d Creation of manual and profiles of institutional market module positions.	Completed
 Output:	 1.5 Database for strategic marketing information system. 1.5a Definition of methodological focus for design of strategic marketing information system. 1.5b Program and material design for training of counterpart team. 1.5c Workshop for rolling out the strategic marketing information system with counterpart teams.	 Completed Completed Completed Completed - A workshop with 15 participants from the management areas was completed and a manual was developed.

Indonesia

Project Manager	Task	SubTask
Ellis, Alison	A2IDFPIXX	90MHXXX

The Management and Leadership Program in Indonesia provides:

- 1) TA to the MOH on the definition and establishment of Obligatory Public Health Functions (OPHF) and Minimum Service Standards (SPMs),
- 2) TA to develop BKKBN's (Indonesia's National Family Planning Coordinating Board) decentralization strategy and implementation plans, including OPHFs and SPMs,
- 3) Drug management survey in 5 provinces,
- 4) Preparation of a new procurement document for TB drugs and other instructional guides,
- 5) Assessment of financial management of basic health services in priority districts and cities,
- 6) Assessment of service delivery performance in priority districts.

Outcome/Output/Activity

Status

Notes

Outcome: 1 M&L in Indonesia provides technical assistance to strengthen the capacity of s Leader and managers responsible for primary health care (PHC) services, including family planning, at all levels of the decentralized health sector. It will assist key institutions, managers, and teams to respond to the changes in the health sector brought on by decentralization, and improve the health of people in communities, especially the poor.	In Process - Highlights section of this Semi-annual Report
---	--

Output:

1.1 M&L Indonesia program office established and operating.

1.1a Complete recruitment and orientation of district-level program staff.

1.1b Participate in and convene in regular meetings with MOH, BKKBN, CA, donor, and partners to share information, results, and lessons learned.

1.1c Publish on health decentralization topics in HKI Bulletin, Indonesia health journals, MOH and BKKBN newsletters, and similar venues.

1.1d Assess project start-up activities and accomplishments.

Completed - MSH/Jakarta office well established and fully staffed. West Java (Bandung) office established and fully staffed. Technical advisor for new East Java (Surabaya) office hired; office in the process of being established. Need for additional province-based offices off Java island being explored.

In Process - Technical advisor for new East Java (Surabaya) office hired; office in the process of being established. Need for additional province-based offices off Java island being explored.

In Process - MSH/Jakarta routinely meets with MOH and BKKBN counterparts. Progress in program implementation presented to Partners for Health (donor/lender group) for Consultative Group for Indonesia (CGI) workplan. MSH is the lead agency for two of six CGI objectives in health sector.

In Process - MOH is to date reluctant to publish/disseminate flyers on key achievements of the program. However, in February 2003, MSH initiated the preparation of monthly newsletters on the Drug Management component of the program, and has also produced five technical newsletters on topics such as: overall drug management situation in Indonesian public sector; group (pooled) drug procurement; essential drug lists; and orphan drugs. MOH/MSH are now renegotiating steps for joint publications.

Postponed - Activity postponed due to security procedures imposed by U.S. Embassy. Assessment rescheduled for September 2003.

Indonesia

1.1e Provide periodic in-country management TA and ongoing support from M&L Boston.

In Process - During PY3, 18 TA assignments were carried out by international consultants to assist in the implementation of all components of the Program: development/finalization of Obligatory Public Health Functions (OPHFs), Basic Health Services, and Minimum Service Standards (SPMs); drugs management; development and implementation of district-level service performance assessments, financial assessments, and planning and budgeting workshops; development of a strategy for decentralization of BKKBN and definition of its obligatory functions/essential services/standards; and development of a strategy for documenting and replicating best practices in district management for application in non-priority districts and without MSH TA.

Output: 1.2 Cost effective drug procurement and distribution models launched in focus provinces and districts for essential drugs.

In Process - The scope of work for this component has changed and expanded significantly during PY3. Achievements during PY3: rapid review of overall drug availability and management, including vertical programs (TB, Leprosy, STI/AIDS, Malaria, Vitamin A, EPI); continued to explore the feasibility of Pooled Procurement schemes at provincial and district levels; published and disseminated new TB drug procurement and management guides to responsible public sector personnel at central, province, district, hospital, and health center levels; developed provincial training modules for new TB drug management system at the health center level; sponsored international expert consultants to the international workshop on Pharmacoeconomics and Rational Drug Use (September 2002); cosponsored a national workshop on Clinical Pharmacy and Pharmaceutical Care (Feb. 2003); assisted the WHO Mission on Monitoring the TB Control Program; Developed a District Level Assessment Tool (DLAT) and collected data from five focus provinces and districts; and assisted the TB Control Program in logistics management for the WHO Fixed Dose Combination regimen.

- 1.2a Clarify policies, regulations, roles, and responsibilities, including budgeting, for procurement and distribution.
- 1.2b Define procurement and distribution operations and procedures.
- 1.2c Establish drug quality assurance (QA) with POM, train management personnel, and establish QA reporting and investigation system for decentralized procurement.
- 1.2d Develop drug pricing policy for decentralized operations.
- 1.2e Develop and conduct drug assessments until drug MIS is established.

In Process - Completed for the national TB Control Program.

Completed - Completed for the national TB Control Program.
Postponed - Concerned MOH counterparts have to date not considered this matter a priority issue.

- 1.2d Develop drug pricing policy for decentralized operations.
- 1.2e Develop and conduct drug assessments until drug MIS is established.

In Process
Completed - Developed DLAT. Local sub-contractor conducted a study in five focus provinces/districts. Results are being shared with the provinces/districts in June. Initial analysis of the data indicates that with decentralization local drug budgets have diminished, in some cases significantly, and great confusion exists about the role and responsibilities of central, provincial, and district levels for the procurement of essential drugs.

Indonesia

	1.2f Evaluate re-establishing safety and emergency stocks in drug supply system.	Postponed
	1.2g Redefine role of Ministerial Decree regarding public-sector drugs price list.	Postponed
	1.2h Review and revise CDC program logistics for integration of drug MIS and reporting.	Completed - Completed for national TB Control Program.
	1.2i Define procurement options and conduct virtual pooled procurement in selected districts.	In Process - Consultation with focus provinces/districts continues on the concept of introducing group (pooled) procurement mechanisms. To date, the concept has been very unpopular with districts.
	1.2j Develop operating procedures manual for drug management.	Completed - Completed for national TB Control Program.
	1.2k Design and pilot drug MIS.	Postponed
<hr/>		
Output:	1.3 Obligatory public health functions (OPHFs) for the MOH, BKKBN, and provincial and district level managers are identified and prioritized.	In Process - Achievements during PY3: OPHFs (9), associated basic health services (30) that districts and municipalities are obligated to perform, and performance indicators (50) developed by the MOH with assistance from MSH and its participation with the MOH in consultative meetings with all Departments of the central MOH, Health Department, and Administrative/Legislative staff in 5 districts in West Java, East Java, and NTB (East and West Lombok). Additional consultative meetings in up to four additional focus provinces pending. MSH also participated in a "Model Building Exercise" on OPHFs sponsored by the MoHA to vet the list of OPHFs, and participated in an International Seminar on OPHFs/SPMs sponsored by the MoHA and World Bank Dutch Trust Fund. MSH assisted the BKKBN to develop its draft OPHFs/SPMs list and organized a workshop for provincial BKKBN personnel to vet the list. MSH is coordinating with the Central Bureau of Statistics (BPS), the MOH National Institute for Health Research and Development (NIHRD), and focus provinces and districts on improving capacity to access, analyze and use population-based data to measure and improve the performance of OPHFs.
<hr/>		
	1.3a Develop BKKBN decentralization strategy.	Completed - BKKBN, MSH, and the STARH Project (Center for Communications Program [CCP] bilateral) worked closely to finalize the strategy and to determine appropriate TA to BKKBN to implement the strategy. MSH will take the lead on further development/finalization of BKKBN OPHFs and SPMs, improving district planning and budgeting for FP services; developing a monitoring system for decentralized FP; and TA in organizational development, that is, assisting the central BKKBN to redefine its role/responsibilities in light of decentralization.
	1.3b Define OPHFs and their purposes with policy- and decision-makers.	In Process - MOH and BKKBN OPHFs lists are in the process of being tested/vetted at provincial/district levels.
	1.3c Establish criteria for OPHF selection and prioritization.	Completed
	1.3d Assemble OPHFs and technologies prepared by MOH.	In Process

Indonesia

	<p>1.3e List functions for further specification, standard-setting, and designation of responsible program or institution.</p> <p>1.3f Document list of Indonesian OPHFs.</p> <p>1.3g Develop an OPHF and Technology Guide.</p> <p>1.3h Determine initial list of functions and technologies for guide.</p> <p>1.3i Standardize format and content of guide.</p> <p>1.3j Draft first version of the guide.</p> <p>1.3k Finalize list of functions and technologies for guide.</p> <p>1.3l Review and approval by MOH.</p>	Completed
Output:	<p>1.4 Model public health management methods developed in focus provinces and districts.</p>	In Process - Achievements during PY3: A syllabus for district planning and budgeting of high priority OPHFs/Basic Health Services is available in English and Indonesian after MSH completed the first six-day workshop for two districts in West Java (March 2003). The evidence-based, team-building process is designed to enhance districts' annual planning and budgeting in the health sector, especially for cost-effective public health services. Workshops in East Java for five districts scheduled for May 2003 have been postponed until July 2003 at the request of Provincial health offices.
	<p>1.4a Identify partners (local consultants, universities, NGOs) to provide TA to districts.</p> <p>1.4b Inventory existing technical approaches and tools developed by donors, partner agencies, universities, etc. in preparing for, supporting and implementing decentralization of health services at the district level.</p>	Completed - TA partners include Gadjah Mada University, consulting team from the Univ. of Indonesia, and Manggala Jiwa Mukti (MJM: Management & Training Consultants).
	<p>1.4c Develop and document situation analysis, planning, and budgeting procedures for districts.</p>	Completed - The Program concluded that approaches developed and used by other donors and implementing agencies were too didactic and did not offer practical, action-orientation knowledge and skills-building. The syllabus for district planning/budgeting developed by MSH and local partners adapted a technical approach developed and documented by MSH in the Philippines for the Indonesian context.
	<p>1.4d Consolidate/draft district health planning and budgeting methods and problem-solving process.</p> <p>1.4e Implement district health planning and budgeting processes in focus districts.</p> <p>1.4f Revise as necessary and finalize process for replication.</p>	Completed - In addition to the syllabus, MSH developed, piloted tested, and revised a service performance assessment methodology and tool to collect baseline data on delivery of basic health care services at the district level. The methodology includes training District Health Office staff in undertaking the assessment independent of external TA. The assessment was successfully implemented by district staff in Cirebon district.
		Completed - Revised syllabus for replication in other Program focus districts available.
		Completed - Cianjur and Cirebon districts in West Java.
		Completed - Revised syllabus for replication in other Program focus districts available.

Indonesia

	1.4g Develop and assist Associations in support of District/Municipal Health Offices (or Officers) and link provincial training centers (Bapelkes) to expand improved management practices to other districts and provinces.	Cancelled - Associations are weak or nonexistent.
	1.4h Develop interactive CD-ROM and/or Web technology for dissemination of district health planning and budgeting curriculum to other provinces and districts.	In Process - Initial exploratory assignment undertaken to gather information on the feasibility of the use of electronic technology at the district level and to initiate relationships with potential local university partners.
Output:	1.5 A process for districts to acquire information necessary to manage essential health functions and services in support of planning and budgeting process is developed.	Completed - Achievements during PY3: District level service performance assessment methodology and tool developed, pilot tested, and revised. The methodology assures that district-level teams are able to implement the assessments as a routine component of local performance management.
	1.5a Consolidate/develop models for district data management that may require computer support and digital communications.	Completed
	1.5b Conduct rapid assessment for baseline data in focus districts: status of SPMs; accessibility of PHC services, systems and supplies; use and coverage of PHC services (FP, vitamin A, immunization, STI/HIV, etc.); financing of services, especially for essential public health services.	Completed - Cianjur and Cirebon districts. Assessments in five districts in East Java underway in June 2003.
	1.5c Develop performance indicators for monitoring the implementation and effectiveness of decentralized health services; develop and launch a monitoring system to manage this information.	Completed - Current OPHFs list includes 50 indicators for monitoring performance of Basic Health Services.
	1.5d Incorporate data analysis in district health planning and budgeting.	Completed - Cianjur and Cirebon districts used data from their service performance assessments to prioritize essential services in their planning/budgeting exercises.
	1.5e. Develop and field test a Checklist Approach for measuring and improving the performance of Public Health Surveillance & Response Systems, initially focusing on high-priority communicable diseases (immunization-preventable diseases, TB, Malaria, and/or HIV/AIDS) and malnutrition.	In Process - Discussions ongoing with MOH Surveillance Unit and Health Departments in West Java and East Java. These provinces have agreed in principle to proceed.

Latin American and Caribbean (LAC): Decentralization Mapping Tool

Project Manager	Task	SubTask	Status/Notes
Robinson, Alexander	A2LNFP2XX	80DMXXX	
<p>During PY3, M&L focused on increasing the use of tools, approaches, and technical materials to support the Latin American and Caribbean Health Sector Reform Initiative (LACHSR). M&L formally launched the application of the revised and updated Decentralization Mapping Tool (DMT), an instrument to assist in determining where responsibilities for one or more management functions currently reside, and map out where they will reside after decentralization has been carried out. Initially developed and tested in 1999, the DMT is based on a functional classification of a health care delivery system, which the user can either accept or adapt to suit the local situation. M&L has launched the DMT in two countries (Jamaica and the Dominican Republic), and has engaged support of the local Pan American Health Organization (PAHO) and PHR+ representatives to assist in the application process. The revision and updating of the DMT will be done in consultation with the members of the Initiative Steering Committee. The application of the DMT has contributed to increased communication, dialogue, networking, experience sharing, and institution building around the common concerns and themes related to essential functional areas for managing a health system, the key tasks within each functional area, and the degree to which the tasks and functions are decentralized. Following the application of the tool in each of the study countries, a country report will be prepared and presented to key persons. A synthesis report will also be published and circulated to all initiative countries at a future workshop.</p>			
Outcome/Output/Activity			
Output:	Technical information becomes easier to access in the LACHSR Region and the quality and quantity of that information has increased.	In Process	In Process - This is an ongoing activity and will continue throughout this phase (and most likely beyond) of the Initiative which ends September 2003.
1.1 By September 2003, up to three countries in the LACHSR Region have used the Decentralization Mapping Tool (DMT) and have better understanding of how successful or not their efforts have been and as a result of that understanding have formulated a plan to make changes regarding decentralization based on their use of the tool.			Completed - DMT is ready for distribution pending Mission and country interest.
1.1a M&L team meets in Boston to revise, review, and finalize version of the DMT.			In Progress - Paraguay has been cancelled and Jamaica and the DR expressed an interest in the tool and were chosen as countries that would benefit from its use
1.1b Three proposed field visits to Paraguay, Dominican Republic, and Peru.			Completed - Field visit to Jamaica was completed in March 2003. Field visit to the DR was completed June 2003.
1.1c Prepare and conduct fieldwork in Paraguay, Dominican Republic, and Peru.			Completed - Field visit to Jamaica was completed in March 2003 and a CD-ROM containing the findings of the exercise and the Tool was submitted to the Jamaican MOH in March 2003. Field visit to the DR was completed June 2003 and a comparable CD was left with members of the MOH.
1.1d Synthesize, analyze data and identify patterns and gaps within the selected countries.			In Progress - Scheduled to be completed in July 2003, although the 'Success Story' has been cancelled since the idea would be better served if we waited until the end of next year in order to include more countries in the analysis and story.
1.1e Document Results in three documents (Success Story, Synthesis Report, and Country Report).			In Progress - Scheduled to be completed in September 2003. We will be inviting MOH representatives from Jamaica and the DR and also inviting representatives from other MOHs that have expressed an interest in the DMT and to strengthen the dialogue and technical content of the workshop on decentralization.
1.1f Prepare, Present, and Disseminate Results via Regional Workshop.			

Latin American and Caribbean Health Sector Reform (LACHSR) Initiative

Project Manager	Task	SubTask	Status/Notes
Robinson, Alexander	A2LNFH1XX	80HMXXX	
Outcome/Output/Activity			
Outcome: 1 Latin American organizations and governments are benefiting from increased information and resources through LACHSR collaboration.	In Process	In Process - This will continue until the end of the initiative's project year, which is September 2003. However, these activities have been completed since they covered July, August, and September (final three months of PY2 of the Initiative) of 2003 of M&L. However, comparable activities have been taking place in months after which are listed in another section of this report, but under a different code since this one has been closed. These activities carry into July, August, and September of PY3 of M&L.	
Output: 1.1 Key management and leadership issues, structures, systems are discussed and strategies developed for their distribution within LAC target countries. 1.1a Plan and attend brainstorming session on future of the Initiative (in Boston) and draft M&L workplan in response to AID concept paper following session. 1.1b Attend Technical Seminar to network with PAHO on LAC Region.	In Process	Completed - This brainstorming session resulted in the approved M&L portion of the initiative workplan.	Completed - The Technical Seminar was attended by a senior team member of the Initiative and resulted in an exchange of ideas that were included, in part, in the initiative workplan.
1.1c In conjunction with initiative partners, provide applicable documents, tools, and publications to be posted on the initiative Web site. (Example: Developing Managers Who Lead.)	In Process	In Process - This will continue until the end of this year of the initiative, which ends in September 2003. However, the Initiative did partially fund the translation of the MSH publication, "Developing Managers Who Lead" and it was distributed throughout the region.	

Latin American and Caribbean Health Sector Reform (LACHSR) Management

Project Manager	Task	SubTask	Status/Notes
Robinson, Alexander	A2LNFC1XX	80HMXX	
Outcome/Output/Activity			
Outcome: 1. Attend Quarterly Partner Steering Committee meetings to assist the LACHSR Region and the other initiative partners to better understand what can be done in order to improve health sector reform.			In Process - this will continue until the end of the initiative's program year, which is September 2003. This will carry into July, August, and September of PY4.
Output: 1.1 Determine and identify the present and future direction of the initiative.			In Process - The current Strategic Objectives (SO) of the initiative will remain in effect until the end of this phase of the Initiative which will end in September 2004, after which the partners and USAID will meet to discuss and brainstorm over what the new strategic objectives will be for the region. The final decision as to what the SO will be will come from USAID and the LAC Bureau.
1.1a Attend quarterly Steering Committee Meetings.			In Process - Ongoing until the end of this year of the initiative which is September 2003.
1.1b Ongoing project management.			In Process - Ongoing until the end of this year of the initiative which is September 2003.

Latin American and Caribbean Health Sector Reform (LACHSR): Publications

Project Manager	Task	SubTask	Status/Notes
Robinson, Alexander	A2LNFH1XX	80HPXXX	In PY3, M&L focused on increasing the use of Initiative tools, approaches, and technical materials.
By producing publications, M&L will serve to increase the availability and improved quality of information. M&L will produce three documents in English and Spanish for broad distribution throughout the region. The first are country reports based on the experiences in the Dominican Republic and Jamaica that have been disseminated to MOH members in country (along with a CD-ROM). The purpose of these reports is to summarize the findings generated from the application of the Decentralization Mapping Tool in each country.	The second is a State of the Practice paper entitled "The Use of Technology to Advance Management and Leadership Capacity in the Region."		
	The third document is a synthesis report summarizing the application process and findings generated from the application of the Decentralization Mapping Tool in both the Dominican Republic and Jamaica. The report will also include an analysis and background on decentralization in the region and will be distributed at decentralization workshop in September 03.		
All three of these documents will be distributed electronically and in hardcopy throughout the region. In addition all three will be posted on the Initiative Web site that is managed by PAHO.			
Outcome/Output/Activity			
Outcome:	1 Technical information becomes easier to access in the LACHSR Region and the quality and quantity of that information has increased.	In Process - This will continue until the end of the initiative's program year, which is September 2003. This will carry into July, August, and September of PY4.	
Output:	1.1 Country report on the DMT is prepared and presented to key persons within the mapping exercise.	Completed - Field visit to Jamaica was completed in March 2003 and a CD-ROM containing the findings of the exercise and the tool was submitted to the Jamaican MOH in March 2003. Field visit to the Dominican Republic scheduled to be completed June 2003.	
	1.1.a Write, draft, edit, and disseminate country reports.	Completed - DMT findings were discussed with the Jamaican MOH and those same findings, along with the tool (which will hopefully result in the Tools sustainability for the MOH) and country report were copied onto a CD-ROM. We expect the same with the MOH of the Dominican Republic.	
Output:	1.2 Country Synthesis Report is written, published and presented to the initiative countries prior to a workshop that will convene in order to discuss country findings post-DMT.	In Process - Synthesis report is scheduled to be written by September 2003.	
	1.2a Write, draft, edit, and disseminate country synthesis reports.	In Process - Scheduled to be completed by September 2003 and presented at a Decentralization Workshop in Cuernavaca in September 2003.	
Output:	1.3 Success Story describing the country findings on DMT is written and published after the regional workshop is conducted.	Cancelled - The DMT Team decided that this document would be best served if we were to wait until September 2004, thereby allowing for more countries (during the 2004 of the Initiative) to participate in the DMT exercise thereby strengthening the content and benefit of the document.	

Latin American and Caribbean Health Sector Reform (LACHSR): Publications

1.3a Write, draft, edit and disseminate success story.

Postponed - Success story is scheduled to be written in September 2004 (see above).

Output: 1.4 Technical Document: 'The use of technology to Advance Critical Health Sector Reform' is written, published, and distributed.

1.4a Write, draft, edit and disseminate Technical Document.

In Process - The title of this document has been finalized as: "Using Technology to Strengthen Management and Leadership" and should be ready for distribution by August 2003.

In Process - Technical document is scheduled to be finalized and disseminated in August 2003.

Mozambique: M&L/HSS

Project Manager

Korkiamaki, Marijut

The general objective of the M&L/HSS project is to strengthen the MISAU's leadership and management capacity in order to enable the health care system to provide quality health services in accordance with the vision and established principles of the Strategic Plan for the Health Sector. The project consists of two main components (outcomes): 1) the "leadership component" strengthens leadership capacity of managers at the central level and in selected provinces, districts and health units, and 2) the "management component" builds up the MISAU's capacity at central level and in selected provinces and districts to assess management performance and to implement improvement plans.

Outcome/Output/Activity

Task	SubTask	Status/Notes
A2MZFM2XX 90MHXX		
Outcome:	Output:	
1 By September 2005 MISAU has strengthened leadership capacity of managers at the central level and in selected provinces, districts, and health units.	1.1 Central level directors of MISAU understand and are committed to implementation of the Leadership Development Program (LDP). <ul style="list-style-type: none"> 1.1.a Two-day leadership dialogue with the directors and department chiefs of the central level of MISAU to introduce leadership concepts. 1.1.b Produce and disseminate results of the dialogue within the MISAU central level. 	In Process
	1.2 Modularized leadership development program implemented with the Directorates at the central level. <ul style="list-style-type: none"> 1.2.a Translate and adapt existing LDP materials into Portuguese. 1.2.b Develop curriculum for MISAU LDP with goals and detailed activities based on the results of the two-day dialogue and the M&L framework. 1.2.c Establish a process of selection of candidates for the training course in Leadership. 1.2.d Deliver and implement three LDP workshops with representatives of the National Directorates, facilitators in training (Luciano Braga). 	In Process
	1.3 Provincial and district senior level managers understand and are committed to implementation of the Leadership Development Program (LDP). <ul style="list-style-type: none"> 1.3.a Two-day leadership dialogue with provincial and district level senior managers and with participation of training centers to introduce leadership concepts in three selected provinces. 1.3.b Produce and disseminate results of the dialogue at provincial and central level. 1.3.c Modify the LDP curriculum for the needs of the provincial level based on the results of the dialogue at provincial level. 	In Process
	Completed - February 2003 Consultants and MSH employees met with MOH staff to perform a needs assessment for the Leadership Development Program.	Completed - February 2003 Consultants and staff produced trip reports that included results of the dialogue.
	Completed - Completed between March and June of 2003.	Not yet programmed - This activity will take place end of July or beginning of August 2003.
	Completed - Completed between March and June of 2003.	Not yet programmed - Scheduled for August 2003.
	Completed - Completed between March and June of 2003.	Not yet programmed - Scheduled for August 2003.
	Postponed - This activity will take place in July 2003.	Not yet programmed - Not yet programmed - Scheduled for August 2003.

Mozambique M&L/Malaria

Project Manager	Task	SubTask	Status/Notes
Korkiamaki, Marijut	A2MZFM2X 40MHML		
The M&L/Malaria assists the National Malaria Control Program (NMCP) in Mozambique by guaranteeing that the USAID funds supporting the NMCP are managed in line with USAID rules and regulations, and that the activities financed by those funds are implemented in an efficient and cost effective manner. M&L/Malaria also assists in the development of an adequate data collection and information management system for the NMCP that will support accurate decision-making related to the program.			
Outcome/Output/Activity			
Outcome: 1 Efficient Program Management, Supervision, and Systems Development.	In Process - This is ongoing support given by the M&L program to ensure that the USAID funds for the Malaria Control Program are managed effectively and cost-efficiently.		
Output: 1.1 Efficient and cost effective management support of the MSH/M&L to the NMCP.	In Process - This is ongoing support	Completed this period	
1.1a Project design, planning and monitoring, and establishment of the project office (start up and backstopping TDYs, Logistics Consultant B. Cuervo, MSH/Boston support to project design and to initiation of activities.	Completed this period		
1.1b Staffing and operation of the MSH/M&L Management Unit in Mozambique (salaries, benefits, allowances, and management unit travel).	Completed this period		
1.1c Field office operation costs.	Completed this period		
Output: 1.2 Support to the staffing of the NMCP.	Cancelled - A letter from the MOH/Dr. Barreto confirms that due to the changes in the financial structure, technical assistance in administrative and financial management is no longer needed.		
1.2a Contracting of three national field workers for field surveys and lab work.	Cancelled		
1.2b Contracting of an Administrative and Finance Manager of NMCP.	Cancelled		
Output: 1.3 Support to the Staff development of the NMCP.	Not yet programmed		
1.3a Short courses in management, entomology, parasitology and GIS in South Africa and/or Portugal (TBD).	Not yet programmed		
Output: 1.4 Adequate logistic support to the NMCP program office and the activities and vehicles financed by USAID.	In Process - this is on-going support		
1.4a Maintenance and development of the vehicle fleet and logistics management of the activities.	Completed this period - Logistical management carried out by Field Operations Manager and MSH Administrative Unit		
1.4b Material support to the operations of the NMCP office.	Completed this period		
Output: 1.5 Logistics support provided to ensure NMCP interventions on the provincial level are coordinated efficiently.	Completed this period		

Mozambique M&L/Malaria

1.5a Provide logistics support to organize a 5-day annual national meeting for provincial coordination meeting in Niassa, May, 2003.	Completed - Supervision of the malaria vehicles and received information about the status of a center for children
Output: 1.6 Support to competent coordination of efforts with other malaria control partners.	In Process
1.6a Provide logistics support for one day inception meeting with malaria control partners (Technical Committee).	In Process
Output: 1.7 Logistics support provided to ensure well-organized supervision of the NMCP activities.	In Process
1.7a Provide logistics support to supervision visits to the provinces.	In Process
Outcome: 2 Improved Surveillance, Information, and Operational Research of Malaria (Measurement of diagnosis and treatment efficacy).	In Process - The M&L provides logistic support for surveillance, data collection, and research activities, which are planned and carried out by the MOH.
Output: 2.1 Support to enhanced monitoring of drug efficacy.	In Process
2.1a Provide logistics support for training and supervision of clinical and laboratory staff (5 persons from each of the 4 sites)	In Process
Output: 2.2 Support to survey on malaria in pregnancy.	In Process
2.2.1 Provide logistics support for the collection of blood samples from pregnant women.	In Process
Output: 2.3 Logistics support provided to ensure bioassays and susceptibility tests are conducted to assure the quality of vector control.	In Process
2.3a Provide logistics support for supervision visits to the sites.	In Process
2.3b Purchase of entomological equipment.	In Process
2.3c Purchase of laboratory supplies.	In Process
Outcome: 3 Increased Community Participation, Health Promotion, and Advocacy.	In Process - The M&L provides logistic support to these activities, but the responsibility of the technical planning and results belongs to the MOH.
Output: 3.1 Increased Awareness on Malaria prevention and treatment.	In Process
3.1a Organizing National Malaria Awareness Day, SADC Malaria Day and LSDI annual meeting (one sole event) in Punta d'Ouro.	Completed this period - Completed in October 2002
3.1b Promotion for awareness campaign.	In Process
Outcome: 4 Strengthened epidemics and emergency preparedness and control	In Process - The M&L provides logistic support to these activities, but the responsibility of the technical planning and results belongs to the MOH.

Mozambique M&L/Malaria

Outcome: 5 Improved selected and integrated vector control & personal protection against malaria.	Cancelled - Due to Environmental Impact, USAID assistance to this component was cancelled and the remaining funds were programmed for other activities.
Output: 5.1 Support to Insecticide residual spraying (IRS) in urban and pre-urban areas.	Cancelled - Some initial spraying activities were financed by USAID and the M&L provided logistic support for them, but do to its environmental impacts these activities were cancelled.
5.1a Support to IRS in Maputo Province (initial spraying activities until 3/31/03).	Cancelled
Output: 6 Efficient Diagnosis and Case Management and sufficient drug supply.	In Process - The M&L provides logistic support to these activities, but the responsibility of the technical planning and results belongs to the MOH.
Output: 6.1 Strengthened clinical and laboratory diagnosis of malaria.	In Process
6.1a. Provide logistics support for training and/or refresher courses for health personnel on clinical and laboratory diagnosis (three regional courses for 85 people in each of the 3 regions).	In Process
Output: 7 Efficient and Effective monitoring of the NMCP.	Postponed - Due to delays in the recruitment of the Monitoring and Evaluation advisor the initiation of these activities has been postponed. The Advisor will start in first week of July 2003 and will start the assessment of the needs and definition of a plan of action.
Output: 7.1 Adequate data collection and information management system to ensure accurate decision-making related to the NMCP.	Postponed
7.1a Contracting and relocating of an MSH/M&L Technical Advisor in Monitoring and Evaluation.	Postponed - Technical Advisor hired in beginning of PY4
7.1b Short-term consultancies with different expertise TBD to assist in the design and set-up of the information management system.	Postponed - Consultants will work with Technical Advisor
7.1c Travel to the NCMP sites related to planning and operationalization of the information management system.	Postponed
Output: 7.2 Logistics support provided to ensure assessment and design of specific interventions.	Postponed
7.2a Provide logistics support for training of personnel on entomology field activities.	Postponed - Pending hire of Technical Advisor
7.2b M&L Boston ongoing technical, management and backstopping support for all activities.	Completed this period

Nicaragua Ministry of Health: Leadership and Management in Health Project

Project Manager	Task	SubTask	
Johnson, Sarah	A2NFM3XXX	90MHXXX	
The Leadership and Management in Health Project is a 15-month, multi-component project with the Nicaraguan Ministry of Health and to a limited extent with the National Social Security Institute (INSS), Profamilia and Nicasalud. The project began April 2003. The project furthers the objectives of the Prosalud bilateral project which ended in June 2003 and incorporates new components. The MOH is the primary client.			
The overall objective of the Leadership and Management in Health Project is to strengthen the capacity of managers and management systems at the central and decentralized levels of the Ministry through a package of management development and institutional reform technical assistance. Program components include:			
1) strengthening leadership at the central, regional and local levels in the MOH and assessing leadership needs/potential in the INSS, 2) strengthening financial management capacity at the central and decentralized levels in the MOH (national health accounts, budgeting, planning and financial management TA at the regional level, use of equity formula for more equitable distribution of the budget, business planning, etc.) and in the INSS (EMPs costing study), 3) strengthening the MOH's regulatory capacity, 4) scaling up the Fully Functional Service Delivery Points to national level, 5) scaling up the Community Based Distribution (CBD) program and the ATN/C (Improving Health and Nutrition at the Community Level) program, 6) modernizing and decentralizing Profamilia, 7) building social capital in communities			
Outcome/Output/Activity	Status/Notes		
Outcome: 1 By June 2004, the Project has been launched, implemented, continuously monitored and evaluated.	Completed - Launch completed in April 2003. As of June 2003 project is fully staffed and engaged in multiple activities.		
Output: 1.1 Project is fully staffed and operational and has established coordination with key stakeholders	Completed		
1.1a Complete staffing for the project and provide orientation on the M&L Program and the Project Workplan.	Completed		
1.1b Participate in and convene meetings about new project activities and points of coordination with USAID, Ministry of Health, PMSS (Health Sector Reform Project), INSS (National Institute of Social Security), PVO/NGOs, and other stakeholders.	In Process		
Output: 1.2 Results of 14-month Project are monitored, evaluated and documented.	In Process - Monitoring has begun.		
1.2a Develop overall project M&E plan.			
1.2b Monitor progress results every trimester.			
Outcome: 2 By June 2004, the Ministry of Health managers at the central level and in selected SII/AIS have strengthened leadership capacity to identify and address organizational challenges.	In Process - Leadership dialogues and other aspects of LD strengthening have begun.		
Output: 2.1 Consensus is reached with select high level MOH central level staff regarding overall leadership activities and the leadership priorities & leadership strategies at the central and decentralized levels.	Completed		

Nicaragua Ministry of Health: Leadership and Management in Health Project

	2.1a Conduct initial dialogue with selected MOH Central level personnel to analyze challenges and priorities, review workplan and discuss leadership, teamwork and coordination.	Completed - Conducted in June 2003.
	2.1b Conduct key informant interviews on decision-making and coordination mechanisms among managers who lead at the Central MOH and recommend solutions in subsequent 1/2 day or day long meeting	In Process
Output:	<p>2.2 Flagship course (World Bank and Harvard modified methodology, five modules) and follow-up are implemented with Central level MOH managers.</p> <p>2.2a Modify and deliver "Flagship" course to central-level MOH managers.</p> <p>2.2b Provide follow-up support to Central level MOH managers related to their leadership challenges in modernizing MINSA.</p>	Cancelled - Instead of the Flagship course, a leadership development program has begun at the central level in June 2003. Cancelled - Leadership development program is being offered to central level managers instead of Flagship. In Process
Output:	<p>2.3 Modularized leadership development program is implemented with selected SILAIS by Central level and SILAIS facilitators, supported by project staff.</p>	In Process
	<p>2.3a Refine overall strategy and necessary materials for leadership development at decentralized level with MOH for leadership development and develop a dissemination plan.</p> <p>2.3b Develop new leadership development modules for managers at a decentralized level using self-instructional methodology.</p>	In Process In Process
Output:	<p>2.4 Assessment of leadership potential of INSS completed.</p> <p>2.4a Review strategic and operational plan of INSS and selected SOWs of multilateral banks and donors</p> <p>2.4b Interview key INSS staff about leadership and TA needs with regard to regulation, investment planning, financial management and other aspects of the reform process.</p>	In Process In Process
Outcome:	<p>3 By June 2004, the Ministry of Health and INSS have strengthened financial management capacity at the central and decentralized levels (the latter with regard to costing basic and alternative packages of services provided to INSS subscribers).</p>	In Process - National Health Accounts, and other financial management work has begun.
Output:	<p>3.1 Financial management technical assistance is provided to the central and decentralized levels of the MOH and to the INSS.</p> <p>3.1a Provide technical assistance to the MOH to institutionalize the capacity for completing National Health Accounts (NHA) at the central-level and in select SILAIS.</p>	In Process In Process

Nicaragua Ministry of Health: Leadership and Management in Health Project

- | | |
|--|------------|
| 3.1c Provide technical assistance to strengthen the capacity for budgeting, planning, and financial management of two SILAIS (Jinotega, Matagalpa), including developing their capacity to use the equity formula for more efficient management and distribution | In Process |
| 3.1d Provide technical assistance to MOH Central and Decentralized levels on the use of the equity formula as a tool for more efficient and equitable management and distribution of resources within SILAIS to deserving municipalities. | In Process |
| 3.1e Identify and evaluate gaps in current GON (FISE, MINSA, MOF, SECTEC) Health Sector Investment Plans and make recommendations for filling the gaps. | In Process |

Nicaragua: Profamilia

Project Manager	Task	SubTask	Outcome/Output/Activity	Status/Notes
Johnson, Sarah	A2NIFPIXX	90PRXXX	Outcome: In PY3 M&L worked with Profamilia in the following areas: 1) development and implementation of a leadership development program for managers (at the central level as well as clinic directors) with a focus on the challenge of financial sustainability, 2) development of a new integrated MIS, 3) support for the annual operating plan 2003, 4) Technical Assistance in developing a contingency plan for withdrawal of USAID funds.	Completed Completed - The leadership development program is ending June 2003. Participants included all senior managers at the central level and 17 clinic directors. Board members did not participate. They received some training in PY2.
			Output: 1.1 35 managers and Board members have completed six leadership development modules and enhanced results have been produced. 1.1a Existing leadership modules (six) refined for Profamilia. 1.1b Study of clinics. 1.1c Six refined Leadership modules delivered. 1.1d Interviews with managers completing course. 1.1e Analyze clinic study results. 1.1f Evaluation report written. 1.1g Review report. 1.1h Finalize report. 1.1i Dissemination workshop.	Completed Completed - Study focused on their chosen leadership challenge: financial sustainability, rather than clinics. Completed In Process In Process - LDP has ended. Post course analysis of financial sustainability remains to be done. Short report to be written. Cancelled Cancelled Cancelled Cancelled
			Outcome: 2 By June 2003, information on Profamilia service productivity is available and utilized.	Completed - The new MIS is a multi-faceted system with a number of modules. It will be complete by June 30, 2003.
			Output: 2.1 The management information system is strengthened (computerized service productivity module for IMS).	Completed Completed - Various modules were developed by MIS expert. Completed - Pilot was done in select number of clinics. Completed - Modules (service productivity, client registration, accounting) have been merged. In Process - Some staff trained. Others to be trained. In Process - Will be implemented in July 2003.

Nicaragua: Profamilia

Outcome: 3 By June 2003, Profamilia clinic directors have enhanced capacity to manage their staff.	Cancelled - M&L provided instead TA for the 2003 operational plan and for the contingency plan developed to face withdrawal of USAID/Nicaragua funds. The HRM director at Profamilia is working to enhance the capacity of the clinic directors. M&L previously provided HRM TA.
Output: 3.1 17 clinic directors and central level managers trained and supported in staff management skills. 3.1a Deliver HRM learning module to clinic directors/managers and transfer skills to Profamilia HRM Director. 3.1b HRM follow-up.	Completed Cancelled - Sufficient support provided to HRM director at Profamilia in PY2. Cancelled - Same as above. Instead of these activities M&L provided support for the 2003 annual operating plan and for the contingency plan.

Nicaragua: Harvard School for Public Health

Project Manager	Task	SubTask
Sarah Johnson	A2NIFC1XX	90HSXXX

The Harvard School for Public Health sub-contract with the Nicaraguan Leadership and Management in Health Project focuses on capacity building in the MOH in two areas:

- more equitable distribution of the MOH budget to SILAIS/municipalities based on an equity formula;
- National Health Accounts(NHA).

HSPH is also working in the area of building social capital in communities, through baseline measurement in four communities (two intervention sites, two control sites), overseeing the interventions designed to increase social capital, measuring progress and describing lessons learned.

Outcome/Output/Activity

Status/Notes

Outcome: 1 Harvard School of Public Health (HSPH) provides decentralization technical assistance to the Ministry of Health	In Process - This is TA to the MOH. Work on National Health Accounts, the equity formula, social capital has advanced and earlier decentralization studies have been completed.
Output: 1.1 Subcontract to HSPH provides TA in the areas of: Decentralization and “Needs Based” Formula; Sustainability of National Health Accounts; Developing Social Capital. 1.1a See HSPH ‘Scope of Work’ for a breakdown of activities. Note that six international trips from U.S. to Nicaragua are included in this subcontract. 1.1b Provide ongoing management and back-stopping support to all activities.	Completed Completed Completed

Nigeria: Nigerian National Primary Health Care Development Agency (NPHCDA)

Project Manager	Task	SubTask	Status/Notes
After being funded in March 2003, M&L carried out a management needs assessment and assisted NPHCDA in strategic planning during PY3, setting the stage for a project that will begin in July 2003 to create a financial system capable of accurate and timely reporting.			
Outcome/Output/Activity			
Hall, Michael	A2.NGFN2XX	90MHXX	
Outcome: 1 Nigerian National Primary Health Care Development Agency (NPHCDA) has selected and completed HQ installation of accounting, human resource, and programmatic information system (to monitor indicators) that will allow the NPHCDA to provide accurate and timely decision making at both the staff and governance levels.			In Process
Output: 1.1 NPHCDA has selected and completed HQ installation of accounting software that allows the agency to effectively manage finances.	1.1.a An initial strategic planning visit in order to assess the organizational and software needs of the NPHCDA.	Completed	In Process - M&L will hire a Nigerian firm to install software on or about February 2003.
	1.1.b Conduct in-depth assessment of current financial system and develop detailed profile of recommended system to meet future needs of the agency.		In Process - To be completed in first quarter of 2003 by local Nigerian firm (TBD) with the assistance of MSH/M&L staff.
	1.1.c Develop an implementation plan for a software package that includes how the system is meant to be used at all levels of the agency, who will use it, what types of information will be generated, how that information will be used and required training. Plan will include specific activities/tasks, dates, and persons responsible.		In Process - To be completed in first quarter of 2003 by local Nigerian firm (TBD) with the assistance of MSH/M&L staff.
	1.1.d Using the profile and implementation plan, assess appropriateness of identified software package and develop recommendations for purchase; include necessary modifications and the structuring and content of the purchasing agreement and if necessary		In Process - To be completed in first and second quarters of 2003 by local Nigerian firm (TBD) with the assistance of MSH/M&L staff.
	1.1.e In coordination with selected software package provider, provide on-going guidance to ensure successful implementation. Train staff as		
Output: 1.2 NPHCDA has begun implementation of the basic HR systems necessary to ensure efficient and effective use of personnel at all levels of the organization.	1.2.a Conduct an in-depth assessment of human resource systems necessary to improve employee efficiency and effectiveness at all levels of the organization. Includes: organizational structure and deployment of personnel, job descriptions, performance-based workplanning and employee evaluations and supervisory systems.	In Process	Postponed - To be completed on or about February 2003 in conjunction with a workshop that will be facilitated by two MSH/M&L staff members.
	1.2.b Provide recommendations and , if necessary, modifications in the organizational structure and the deployment and use of personnel at all levels of the organization.		Postponed - To be completed on or about February 2003 in conjunction with a workshop that will be facilitated by two MSH/M&L staff members.

Nigeria: NPHCDA

1.2c Develop a uniform format for job descriptions that will include standardized minimum qualifications and provide training in its application to all positions at the agency.	Postponed - To be completed in first and second quarters of 2003 by local Nigerian firm [TBD] with the assistance of MSH/M&L staff.
1.2d Develop a process and required policies procedures and instruments necessary to initiate performance based work planning.	Postponed - To be completed in the second quarter of 2003 with the assistance of MSH/M&L staff and local Nigerian company.
Output: 1.3 NPHCDA has implemented a programmatic management information system capable of reporting on a limited number of indicators necessary to effectively monitor the strategic plan and principal program activities.	In Process
1.3a In Coordination with HQ and zonal staff, identify key indicators for the strategic plan and operational program.	Completed
1.3b Develop a format for manual collection of data necessary to monitor identified indicators, and generate an implementation plan to define how data is to be collected in order to effectively monitor the indicators.	Completed
1.3c Prepare HQ staff to train appropriate staff in the use of the MIS plan	Completed - To be completed in the first quarter of 2003.
Output: 1.4 NPHCDA has implemented a process to fully integrate all operational plans with the strategic plan.	
1.4a In the context of the new strategic plan, conduct an assessment of existing operational plans and formats.	Completed
1.4b Develop an operational planning process and formats that are consistent with and incorporate the mission, goals and objectives of the new strategic plan.	In Process - In process - to be completed in the first quarter of 2003.
1.4c Provide ongoing management / contracts and back-stopping support to all activities.	

Peru

Project Manager De la Peza, Lourdes
Task A2PEFP0XX 99RSXXX

We worked with the organization Manuela Ramos so that they will have documented results of the performance improvement approach used to strengthen management systems and skills.

Outcome/Output/Activity	Status/Notes
<p>Outcome: 1 By October 2002, the organization Manuela Ramos will have documented results of the performance improvement approach used to strengthen management systems and skills.</p>	<p>Completed - Manuela Ramos instituted a new and more functional structure to modernize and strengthen the organization.</p> <ul style="list-style-type: none">• The Director's position and level of authority were revised<ul style="list-style-type: none">• A new Directive Counsel and Executive Committee were formed and are functioning.• New position was posted for an Assistant Director;• Provisions were incorporated in the statutes to avoid conflict of interest;• A process was adopted to document the new profiles for management and directive positions.• A new process to share knowledge and produce new projects was adopted<ul style="list-style-type: none">• People during the evaluation focus groups recognized the decision-making process was becoming stronger and faster, limits of authority were more clear, the new rules to belong to the Assembly are a promise to avoid conflict of interest, and the meetings are more effective than in the past.
<p>Output: 1.1 Organizational results of performance improvement approach applied by Manuela Ramos are evaluated and documented.</p> <p>1.1a Evaluate results of performance improvement interventions implemented by Manuela Ramos organization.</p> <p>1.1b Document and disseminate results of the evaluation and lessons related to PI approach.</p>	<p>Completed</p> <p>Completed - The three teams completed their projects and were approved by the Assembly of associates and implemented.</p> <p>Completed - Results and lessons related to PI approach are documented and disseminated within the organization. The document is ready to be presented to other audiences.</p>

REDSO

Although we have not yet been able to establish an approved workplan with the ministry, in the past six months we have worked with all three members of REDSO to identify management priorities. We have now negotiated three different workplans—which were approved in July 2003. (All three, for example, will need strengthened information systems.)

New CAFS director now in place.

With Regional Centre for Quality of Health Care (RCQHC)—did strategic planning (April 2003) in which they planned an external market assessment (happening in late July). Also (April 2003) we received their financial and administrative procedures

Tanzania HIV TAC AIDS

Project Manager Grum, Ida	Task A2TZZFH0XX	SubTask 20TCXXX	Status/Notes
Outcome/Output/Activity			
Output: 1.1 Support to TACAIDS: Roles and responsibilities of TACAIDS commissioners resources and coordinating a multi-sectoral national response to HIV/AIDS.			Completed - Structural modifications to create TACAIDS are complete. Staff strategic leader and coordinator of the HIV/AIDS response.
Output: 1.1 Support to TACAIDS: Roles and responsibilities of TACAIDS commissioners defined, work plan drafted, and strategic framework approved.			Completed - Structural modifications to create TACAIDS are complete. Staff regulations are approved by the Commission. Government budget and work plan has been approved by Parliament for 3 years. New plan for institutional strengthening is included.
1.1.a Facilitate retreat of TACAIDS commissioners and secretariat.			Completed - New staff retreat and strategic planning workshop conducted in January.
1.1.b TACAIDS strategic planning.			Completed - Strategic planning workshop in January led to planning of the first 3-year government Medium Term Expenditure Framework, approved by the Prime Minister's Office in April and reviewed and funded by Parliament in June.
1.1.c Provide technical assistance to TACAIDS to facilitate mainstreaming of HIV/AIDS in the work plans of government ministries.			In Process - Start-up workshop for government mainstreaming held in March with all ministries present, leading to funding by TACAIDS of 15 short-term plans for 4th quarter of the fiscal year.
1.1.d Provide technical assistance for exploring new opportunities for resource mobilization.			In Process - Preliminary discussions held with representatives of the Bill Clinton Foundation, prior to visit of a proposal design team.
Output: 1.2 Proposal development workshop conducted with stakeholders, proposal delivered to GFATM, including work plan and budget.			Completed - Proposal originally for Round 2 of GFATM was modified at donor's request and resubmitted to Round 3. Awaiting a decision. Assisted GFCCM to complete modifications of work plans for the Round 1 project leading to signature of grant agreement with the GFATM on July 3, 2003.
1.2.a Prepare and facilitate proposal development workshop for Tanzania Global Fund CCM.			Completed - Conducted from September to October 2002.
1.2.b Serve as members of the team writing the final proposal to be submitted to the GFATM.			Completed - Conducted from September to October 2002.
Output: 1.3 A District Response Strategy is defined and approved.			In Process - The District Response is defined in the National Multi-Sectoral Strategic Framework document. The President's Office for Regional Administration and Local Government has published the directive on forming District HIV/AIDS Committees.
1.3.a Assist District Response Coordinator and stakeholders to develop strategy and workplan for the district response.			In Process - District Response work plan with strategic priorities was included in the TACAIDS three-year government work plan. Separate work plans are being developed for start-up of the World Bank-funded Tanzania Multi-sectoral AIDS Programme – Community AIDS Response Fund component and local government support component, as well as GFATM-sponsored district projects.
Output: 1.4 The Rapid Funding Envelope (RFE) is functional and has made at least one round of grants to established NGOs working in the field of HIV/AIDS.			In Process - The RFE is fully functional, has made two rounds of grant making and awarded 11 grants for \$1,362,115 and is currently conducting a third round with 46 proposals under consideration.
1.4.a Conduct inventory of grant proposals received by TACAIDS.			Completed - Conducted from August to September 2002.

Tanzania HIV TAC AIDS

1.4b Coordinate first round of grants by RFE.

Completed - Two grants awarded from the inventory. First round of grant making using the national announcement for open applications was conducted from January to March – 811 concept letters received, 86 full proposals received, 9 awards made. Second round of open grant making announced in April 2003, 46 full proposals under consideration.

1.4c Further develop the RFE and the implementing mechanisms.

Output: 1.5 Technical assistance to the Tanzania MOH and TACAIDS is effectively managed and evaluated.

1.5a Meet with Boston staff to facilitate communication with Tanzania team, report on results to date, and ensure that lessons are shared among M&L country programs.

In Process - Planning and reporting is conducted through meetings and through the email. Reporting has moved from trip reports/products to quarterly reporting plus technical products.

In Process - Two Boston-based M & L managers visited Dar es Salaam in March to discuss the new work plan with USAID and meet partners. Two more staff visited in June to complete the discussions and work plan. USAID/Tanzania has requested a full time resident advisor to start in October and approved opening a local office.

Output: 1.6 Manual or guidelines on design and implementation of effective administrative systems.

1.6a Provide organizational and administrative support to TACAIDS.

In Process - Technical support and software/equipment provided to TACAIDS to install a bar-code inventory system for managing assets. A spreadsheet program was provided to allow TACAIDS to do work planning included LOE projections for staff.

In Process - The TACAIDS Human Resources Officer attended a training workshop in Nairobi at the Centre for African Family Studies on Managing HIV/AIDS Worksite Programs. Additionally, the MSH Human Capacity Development specialist visited Dar es Salaam to plan for a program of support to TACAIDS to introduce performance-based personnel evaluation and other HR management techniques.

Output: 1.7 TACAIDS work coordinated with other USAID Partners.

In Process - MSH consultants collaborate closely with Deloitte & Touche Tanzania to administer the Rapid Funding Envelope for HIV/AIDS. Periodic collaboration also with PACT regarding civil society partners of PACT who apply to the Rapid Funding Envelope, in view of strengthening their capacity to mobilize resources. MSH also works regularly with Deliver, Futures Group, PSI, Healthscope, CARE as well as other donors and donor-sponsored CA's such as GTZ, UNAIDS, WHO, and AMREF.

Completed - Meeting attended in February.

Output: 1.8 Private sector provision of benefits and work site programs for health and for HIV/AIDS have been identified and proposals for their strengthening made.

1.8a Conduct study of private companies in Tanzania to identify knowledge about HIV/AIDS, provision of benefits for health and AIDS, and opinions of employees. Formulate recommendations.

Completed - With cosponsorship from nine private companies in Tanzania and conducted in partnership with a team of local consultants.

Completed - Eleven company sites visited. Report on knowledge, attitudes, benefits, preferences and options for strengthening coverage completed. Briefing for companies, USAID, GTZ, TACAIDS held in March. Results will be used by USAID Tanzania as input for formulating their new HIV/AIDS strategic objective.

Tanzania: Public-Private Partnerships

Project Manager	Task	SubTask	Status/Notes
Grum, Ida	A2TZFH0XX	20PVXX	
Outcome/Output/Activity			
Outcome: 1 The Ministry of Health has defined a strategic plan for Public Private Partnerships (PPP), and implementation is underway.			Postponed - Delayed due to lack of interest within MOH. Commitment to this to be re-evaluated by USAID/Tanzania.
Output: 1.1 A workplan for PPP is defined.	1.1a Hold meetings with Strategy 7 coordinator to revise workplan in light of current government needs and priorities.	Postponed	Postponed
	1.1c Evaluate and redesign existing MIS system used by MOH to aid implementation of Strategy 7.	Postponed	Postponed

Uganda Ministry of Health

Project Manager	Task	SubTask	Status/Notes
Grum, Idia	A2UGFM2XX	90MHXX	
Outcome/Output/Activity			
Outcome: 1 By June 2003, the Uganda Global Fund Country Coordinating Mechanism (UGFCCM) has the necessary capacity to effectively coordinate the Country Comprehensive Program on HIV/AIDS.	1.1 Eligibility requirements developed. Workplan developed for the first two-quarters of the Global Fund 3 year program.	In Process	In Process - MOH has not yet recruited the Global Fund Program Management Unit (PMU) so support still on-going.
	1.1a Facilitate a workshop of representatives from the public, private, and civil society sectors.	Completed	
Output: 1.2 Processes and systems for selection of sub-recipients and disbursement of funds developed.	1.2a Development of sub-recipient processes and systems.	In Process	
	1.2b Development of Funds disbursement system.	Completed	
	1.2c Meet with M&L team and USAID/Uganda to ensure effective project management and coordination.	In Process	
Output: 1.3 Implementation manual developed for use by the Country Coordinating Mechanism.	1.3a Develop implementation manual.	Completed - First draft completed.	
Output: 1.4 Needs assessment conducted to identify gaps in coverage and programs at the district level, and identify priority areas for scale-up.	1.4a Provide M&L support and coordination to needs assessment effort.	Completed	
Outcome: 2 The Public Private Partnerships in Health working group of the Ministry of Health Sector Strategic Plan's Mid-Term Review, has received and utilized an assessment of progress to date and existing barriers to efficient partnerships.		Completed	

Uganda Ministry of Health

Output:	2.1 An assessment of progress and constraints to public private partnership is conducted.	Completed
	2.1a Assess progress and constraints in the current partnership between the government of Uganda and the private healthcare providers and advise on avenues for improvement and or modification.	Completed
	2.1b Provide ongoing management and administrative support to entire task/subtask.	Completed

Worldwide and Units

New Initiatives	125
Publications On going	126
Electronic Products Group Project Support	127
Project Equipment	128
Staff Development and Project Representation	129
Programs Unit	130
Staff & Product Development Unit	131
R&E Unit	132
Project Administration Unit	133

New Initiatives

Project Manager	Task	SubTask
Robinson, Alexander	A2WWCP1WW	97XXNB

During PY3, M&L built upon the successful experiences the Program had in other countries throughout the world and was able to successfully invest New Initiative funds in areas where there was an expression of interest in M&L's capabilities and approach. Some examples of the success resulting from New Initiatives investment in PY2 and PY3 can be seen in USAID field support funds from the Nigerian, Ugandan and Nicaraguan Missions.

In addition, and in Kenya, New Initiative funds were utilized at a conference in Nairobi to dialogue the Business Planning Program. The purpose of the conference was to assist numerous African NGOs in achieving financial sustainability. The BPP was an element of the conference since once the BPP is implemented, it assists NGOs in the pursuit of their own funding sources and streams. The Ghana Social Marketing Foundation (one of the NGOs in attendance) invested some of their resources in the BPP by enlisting several participants in the Program at the conference that was partly sponsored by New Initiative funds.

Outcome/Output/Activity	Status/Notes
Outcome: 1 M&L conducts management and leadership TA in selected new program sites with one program of substantial size and scope that results in a field support earmark.	Completed - M&L conducted a site visit in Honduras at the request of the Ministry of Health to discuss leadership issues in the Ministry. No programs were initiated. A trip that took place to Nigeria at the end of PY2 and the beginning of PY3 has resulted in a total earmark from the Nigeria Mission of \$300,000.
Output: 1.1 The M&L program demonstrates technical assistance methods and products selected countries. Potential sites include: India, Ghana, Egypt, Guinea, Philippines, Mali, Nigeria, Ethiopia, Togo, and Senegal.	In Process - India was not visited due to travel restrictions. Nothing the Philippines or Ethiopia. New Initiative funds used to partially sponsor a financial sustainability conference in Nairobi, Kenya. for African NGOs. The Ghana Social Marketing Foundation, after learning about the BPP, invested some of their own funds and participants into the BPP.
1.1a Develop and distribute promotional materials for M&L program.	In addition, a senior level M&L staff member, while on TDY in Ethiopia met with several members of the MOH to discuss the M&L framework and approach. Over the course of PY3, M&L senior staff traveled to Washington, D.C., for various symposiums and conferences in order to explore and discuss opportunities for M&L.
1.1b Respond to requests for information.	Completed - Several senior staff members of M&L traveled to Washington, D.C., for various symposiums and conferences (GHC, for example) to explore and discuss opportunities for M&L.
1.1c Present and promote M&L program in various forums and explore opportunities for new business.	Completed this period
1.1d Obtain invitations to present on management and leadership with potential clients in four countries.	Completed this period
1.1e Deliver mini-workshops (or other learning opportunity) in four countries in pursuit of new business interests.	In Process
1.1f Conduct M&L dialogue activity with two stakeholders in Francophone West Africa.	In Process - Boston M&L staff and CAFS partners consistently discuss M&L's approach and strategy while in the field. Countries where M&L staff discussed the capabilities and benefits of the M&L framework and approach in Francophone Africa are Senegal and Guinea.

Publications Ongoing

Project Manager	Task	SubTask	Status/Notes
Bahamon, Claire	A2WWCP_W	97XXPU	
Provide support from MSH Publications professionals for representation at conferences, developing workplans, developing new publication concepts, and general support to publications in distribution and order fulfillment for M&L publications and others used by M&L.			
Outcome/Output/Activity			
Output: 1 MSH Publications provides ongoing support to the M&L Program in the areas of product distribution and developing new publications.		In Process	
Output: 1.1 MSH Publications staff work with M&L staff to convert expertise in leadership and management into publications that will be read in the field.		In Process - Met with Judy Seltzer, Ann Buxbaum (MOST), Stacey Downey, Sarah Johnson, Michael Hall, Lourdes de la Peza, Hector Colindres	
1.1.a Meet with M&L staff as the need arises to develop concepts for new publications and follow publishable concepts through a publications process.		In Process	
Output: 1.2 MSH ebookstore has MSH publications shipped to managers, CAs, and MSH field staff requesting them. Non-bulk shipments to developing countries are free.		In Process - During this period, MSH Pubs distributed 800 M&L publications and another 1,300 FPMD publications to staff for overseas conferences and directly to health managers overseas for fulfill their orders.	
1.2a Arrange for fulfillment of orders by mail warehouse storing MSH publications.		In Process	
1.3a Staff booth at annual APHA and GHC conferences		In Process - Staffed MSH booth at GHC in May 03.	
Output: 1.3 MSH/M&L materials are widely distributed to health professionals.		In Process	
1.3a Staff booth at annual APHA and GHC conferences.		In Process	
Output: 1.4 New graphic software is available for use in laying out The Manager and other M&L publications.		In Process - In PY03, MSH Publications purchased Indesign, a publishing software that will provide greater versatility in laying out M&L publications and electronic products.	

Electronic Products Group Project Support

Project Manager	Task	SubTask	Status/Notes
Griffin, Jude	A2WWCP_W	97XXEC	In Process - The Electronic Products Group presented M&L's products, including its blended learning programs at conferences, at a technical seminar and to potential clients.
Outcome/Output/Activity			
Outcome: I The Electronic Product Group continues to serve as a resource to M&L including presentations, professional development, TA, and other activities such as support the mission and direction of M&L.	In Process - The Electronic Products Group participated in the annual workplanning sessions with M&L to determine the project's priorities and to strategize regarding how electronic support can further the work of the program. The EPG produces analyses on the contribution of ICT to M&L's portfolio during work planning. This requires an additional level of effort to work plan across SDs and countries plus produce the separate analyses, breakdowns and descriptions required for ICT.		
Output: 1.1 Provide ongoing management and back-stopping support to all activities.	The EPG participates in weekly meetings with M&L's executive management to review the status of our work and to plan for upcoming projects. This code also covers the time spent by fulltime M&L staff, Jude Griffin and Fiona Nauseda, to collaborate with other EPG members in sharing work underway and leveraging learning across programs.		
The EPG regularly conducts orientation sessions for new staff and potential clients regarding our products. These exploratory meetings have helped to define future work and the development of new products.			

Project Equipment

Project Manager Moore, John
Task A2WWCP_W 97XXEQ

We are continuing to evaluate the useful life remaining in project-owned equipment and replacing on an as-needed basis. Part of this program involves a transfer process of older equipment to lower-end users while upgrading the equipment for people with higher-level requirements. Through printer purchases have been able to take advantage of improved technology at greatly reduced costs. In-house printing capacity facilitates rapid turn around in production; saving time and the cost of outsourcing.

Outcome/Output/Activity	Status/Notes
Outcome: 1 M&L Program will have state of the art Equipment to assure maximum effectiveness in the workplace.	In Process - Equipment is purchased whenever new items are needed or when older equipment needs to be updated.
Output: 1.1 Outfitting of Build out area with conference tables.	Completed previous period
1.1a Purchase 2 sets of conference tables which can be arranged to suit the purpose of the meeting.	Completed previous period
1.1b Purchase of chairs for this conference room set up.	Completed
Output: 1.2 Purchase computers and printers to replace obsolete equipment or to outfit new hires.	Completed - Purchased Desktops, laptops, and a printer to upgrade equipment for M&L.
1.2a Purchase Desktops to replace obsolete units and equip new hires.	Completed - Purchased three Compaq EVOs for use in the Project Admin Group.
1.2b Purchase Laptop computers to replace those coming off lease and for new hires.	Completed - Purchased one laptop to upgrade the Admin Unit one.
1.2c Purchase replacement laser printers.	Completed - Purchased a new color LaserJet printer to replace an older model for the communications unit. This will allow us to print multiple copies of important documents in house as opposed to outsourcing at a higher price.
Output: 1.3 Purchase telecommunications equipment.	In Process - MSH is still evaluating the results of an extensive RFP and has yet to be determined whether this will be charged directly to projects.
1.3a Upgrade Voice Mail System Center Street.	In Process - Work is being done to update the entire phone system for a tentative July date.
1.3b Purchase cell phones for international use.	In Process - Cell Phones are purchased as needed.

Staff Development and Project Representation

Project Manager	Task	SubTask	Status/Notes
Galer, Joan	A2WWCP_W	97XXSD	
Outcome/Output/Activity			
Outcome: M&L program will have expanded capacity in basic competencies and state of the art skills through the participation of staff in critical training and conference opportunities and the M&L program will share ideas and methods at key meetings.		Completed	
Output: 1.1 Staff attend critical conferences and trainings and explicitly communicate information and learning to others at MSH and in the M&L program through written debriefings, oral debriefings, Brown Bags and the sharing of key materials.	1.1a M&L staff attend professional/business conferences to present, represent and learn (Conferences/presentations may include: GHC, APHA, ISPI, PMI, PVO Financial Managers Association, Cape Cod Institute, International Facilitators Association and other relevant organizations TBD).	Completed	Completed - Staff attended the Linkage, Inc. Management Skills course; individual instruction for Portuguese sessions; Personnel Co-op Best Practices Workshop; USAID Rules and Regulations Workshop; Sharing Best Practices in Knowledge Management: A Government Symposium; Personnel Co-op Best Practices in Excellence Practicum; USAID's SO4 Implementation Working Group meeting; American Society of Tropical Medicine & Hygiene Annual Meeting; "Heat of the Moment: moving from applicable to actionable knowledge"; "The Art of Business Coaching"; Spanish lessons at Hablespana; English classes at Berlitz in Guatemala City; Egyptian Leadership Training Center "What Matter Most?" course; Business Writing & Grammar Skills Workshop; and Portuguese lessons at Berlitz.
	1.1b M&L staff attend outside training and workshops to expand skills and knowledge.		

Programs Unit

Project Manager	Task	SubTask	Status/Notes
Tobin, Barbara	A2WWCP_P	97XXXX	
Outcome/Output/Activity			
Outcome: 1 The Programs Unit is organized in alignment with other units and is effectively supporting the M&L project in workplanning, budgeting and implementing activities in the field.	Completed	Completed - Programs Unit meetings are held monthly. Feedback sessions and peer review of workplans took place from January 2003 to June 2003. Workplanning meetings for all M&L staff were held in Boston in January, 2003. Programs Unit staff fully participated and project-wide workplans were developed in collaboration with the other M&L Units.	
Output: 1.1 Programs Unit completes routine support functions. 1.1a Programs Unit staff participate in staff wide meetings in order to maintain alignment with the M&L Program. 1.1b Programs Unit staff provide feedback and peer review of workplans for field activities. 1.1c Routine supplies and services are available to support the Unit's work. (printing, communications, shipping). 1.1d Programs Unit field staff participate in M&L full staff meeting on Programming for Results and to develop fully project wide strategies/workplans.	Completed Completed Completed - Feedback sessions and peer review of workplans took place from January 2003 to June 2003. Completed Completed	Completed - Workplanning meetings for all M&L staff were held in Boston in January 2003. Programs Unit staff fully participated and project-wide workplans were developed in collaboration with the other M&L Units.	

Staff and Product Development unit

Project Manager	Task	SubTask	
Galer, Joan	A2WWCP_L	97XXXX	
Outcome/Output/Activity	Status/Notes		
The goal of the Staff and Product Development Unit is to effectively support the M&L Program, specifically in the areas of workplanning, budgeting, and other general activities, including attending relevant meetings and responding to general requests for information.	Outcome: 1. The Staff and Products Development Unit is effectively supporting the M&L Program in workplanning, budgeting, and other genera activities, including attending relevant meetings, responding to general requests for information.	In Process - Sponsored 6 Brownbags, attended conferences, led presentations on M&L framework, supported workplanning, budgeting and other general activities. Responded to requests for information or the M&L framework.	

R&E Unit

Project Manager **Task**
Allen, Timothy A2WWCP_R 97XXXX

The mission of the Research and Evaluation (R&E) Unit is to:

- Actively serve as a technical resource in monitoring and evaluation, and knowledge management;
 - Capture, synthesize, and share experiences, results and lessons learned from M&L interventions to improve the design of managing and leading programs.
- Outcome/Output/Activity**
- Status/Notes**
- | | |
|--|---|
| Outcome: I The M&E Unit is functioning effectively and supporting the M&L Program in planning, budgeting, reporting and other general activities. | In Process - The M & E Unit is working to fulfill its workplan goals and support M&L through measuring, documenting, and evaluating the results of our core and field supported projects. |
|--|---|

Project Administration Unit

Project Manager	Task	SubTask	Status/Notes
Brinkert, Susan	A2WWCP_P	97XXXX	
Outcome/Output/Activity			
Outcome: 1 M&L operational functions are effectively managed		In Process - Ongoing activity.	
Output: 1.1 The Project Administration Unit is effectively supporting the M&L Program in workplanning, budgeting, reporting, and other general operational activities		In Process - Ongoing activity.	
	1.1a Review documents, attend relevant meetings (including with USAID), prepare reports (internal and external), respond to information requests, procure necessary supplies and services, represent the M&L Program and demonstrate its tool/resources at professional meetings	Completed - Results Review submitted (November 2002); second Management Review completed (December 2002). Project staff trained on new GHED and HIV database reporting requirements; Quarterly pipeline reports submitted to USAID. M&L represented at GHC (May 2003). PY4 Workplan/Budget submitted to USAID June 20, 2002.	
Outcome: 2 M&L is appropriately staffed with qualified personnel who know their roles, understand Program policies and procedures, and are accountable for results.		Completed	
Output: 2.1 Identify ongoing staff needs and recruit		Completed - During the past year 19 positions have been recruited - 11 of which are new (the majority of those are field-based). This included two key personnel positions: Deputy Director (filled October 2002) and Director of KA (currently being approved).	
Output: 2.2 Provide orientation and ongoing training		In Process - Ongoing activity.	
Output: 2.3 Conduct performance reviews for all staff.		Completed - Annual PP&Rs completed for all M&L staff.	
Outcome: 3 M&L is managing its technical and administrative responsibilities in compliance with contractual and USAID requirements.		In Process - Ongoing activity.	
Output: 3.1 Identify \$2.5 million in cost sharing for PY3.		Completed - Exceeded target. As of May 2003, M&L has achieved over \$4.5 million in cost sharing.	
Outcome: 4 Management systems are functioning and supporting efficient tracking, reporting and operational requirements.		In Process - Ongoing activity. New M&L expenditure reporting system successfully implemented this year; dramatically reduced both manpower and turnaround time to produce monthly expenditure data for project managers.	

Collaborative Activities

Subproject/Country	Collaborator(s)	Activity
Field Projects		
Afghanistan	UN Specialized Agencies (WHO, UNFPA, UNICEF), World Bank, HANDS, Afghan and international NGOs, bilateral donors, National Technical Coordinating Committee, other USAID Cooperating Agencies/contractors	Work with the MOPH and Afghan and international NGOs on performance-based NGO grants; selecting, training, and supporting community health workers (CHWs); developing IEC materials; developing a Minimum Services Package; distributing essential drugs to CHWs and clinics; introducing management systems to the MOPH; outlining a national decentralized framework; applying comprehensive health facilities surveys; assessing essential drugs logistics assessment.
Bolivia	Chemonics - Bolivia (CHEMONICS)	Strengthening municipal governments responsible for the oversight and monitoring of the Bolivian National Health Package in their municipalities.
Business Planning CAFS Partnership	Ghana Social Marketing Foundation CEFA - The Francophone unit of Centre for African Family Studies (CAFS)	Training to deliver business planning program in Africa. Organize and conduct in-house seminars on various components of M&L framework for CEFA staff.
Egypt	Local Egyptian management development consultants, Catalyst Project	Local consultants provide technical assistance in leadership development. M&L's performance improvement process (for developing managers who lead) transferred to Catalyst for integration into supportive supervision system for Egypt's population sector.
Electronic Toolkit	Aga Khan Foundation (AKF), BASICS II, CNS/Bolivia, EngenderHealth, Family Health International (FHI), John Snow, Inc. (JSI), Johns Hopkins University Population Communication Services (PCS), Linkage Corporation (LINKAGE), Population Council (PopCouncil), World Health Organization (WHO)	Provide useful tools suitable for linking and posting to MSH Electronic Toolkit.
Guinea Pilot Project	CAFS, PRISM Project/MSH	Coordinate and collaborate in Leadership Development program.
Honduras	IPPF/Western Hemisphere Region, Quality Assurance Project (QAP)	Strengthening ASHONPLAFA's programmatic, organizational, and financial sustainability.
Indonesia	USAID/Jakarta, Asian Development Bank, Canadian International Development Agency (CIDA), UNICEF, USAID Bilateral Health Project (STARH), CCP, Helen Keller International, MNH, Johns Hopkins University Gates Leadership Initiative, PERFORM, BIGG, Center for Local Government Innovation, Government of Indonesia Ministries of Home Affairs and Finance, Pharmaceutical Management Agency (POM), National Planning Commission	Complement and help sustain the achievements of other USAID partners by strengthening the capacity of the MOH, BKBN, and local health offices to improve the performance quality, and impact of PHC and family planning services.

Subproject/Country	Collaborator(s)	Activity
Subproject/Country	Collaborator(s)	Activity
Knowledge Synthesis	MAQ	Advance Africa, Implementing Best Practices Consortium (IBP), Offer expertise for Knowledge Folders.
Latin American Caribbean (LAC): Decentralization Mapping Tool	Pan-American Health Organization (PAHO), Rational Pharmaceutical Management Plus Program (RPM+), The Quality Assurance Project (QAWD / University Research Corporation)	Partners offer technical expertise and support for project to revise decentralization mapping tool.
MAQ	EngenderHealth, Quality Assurance Project (QAP)	Disseminating practical tools and approaches via new MAQ papers - specific experience and lessons learned about quality assurance systems and supervision, shared with USAID, the Cooperating Agencies, and international health communities. Work cooperatively with M&L team to offer technical assistance.
Mozambique: M&L/HSS	Advance Africa, JHU/Health Communication partnership (JHU/HCP)	Leadership development and modernization of MOH.
Nicaragua Ministry of Health (Bridge Project, Leadership and Management in Health Project)	Harvard School of Public Health (HSPH), Prosalud	Leadership development.
Nicaragua: Profamilia	Quality Assurance Project (QAP)	Coordination with USAID's Catalyst Project.
Peru	Catalyst	Coordination of efforts to combat HIV/AIDS.
Tanzania	World Bank, TACAIDS, Healthscope/Tanzania, USAID/Tanzania	

Data and Annexes

Funding by FFY.....	Annex I
M&L Expenditures Project-to-Date by Project Year.....	Annex II
M&L Field Support Expenditures Project-to-Date.....	Annex III
M&L PY3 Expenditures.....	Annex IV
M&L Cost Sharing Through June 2003.....	Annex V
The Managers' Framework of Leading and Managing.....	Annex VI

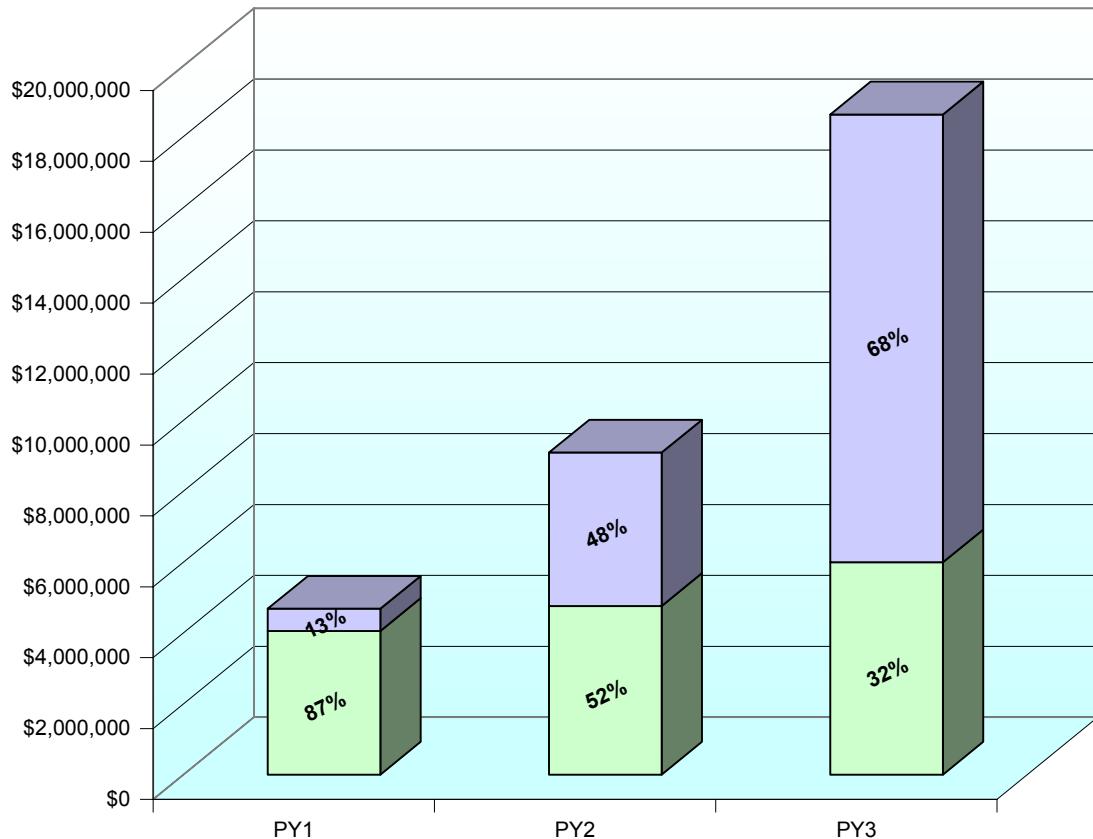
Management & Leadership Program

Funding by FFY

Funding Source	FFY 00	FFY 01	FFY 02	FFY 03	Project to Date
				Expected	Total
CORE					
Total Core	5,425,000	5,640,000	6,019,000	4,600,000	21,684,000
FIELD SUPPORT					
Afghanistan	100,000	200,000	8,000,000 250,000	1,200,000	9,200,000
Africa Bureau	200,000	100,000 1,774,631	300,000 200,000 50,000	190,000 300,000 410,000	550,000 190,000 900,000
Angola					
Bolivia					
Brazil					
Ghana					
Guatemala					
Honduras					
Indonesia					
LAC/HSR					
Malawi					
Morocco					
Mozambique					
Nicaragua (HSPH)					
Nigeria					
Peru					
REDSOE					
Tanzania					
Turkey					
Uganda					
Total FS	1,230,000	3,319,631	13,395,000	15,542,484	33,487,115
TOTAL	6,655,000	8,959,631	19,414,000	20,142,484	55,171,115
					Award Budget
					57,765,693

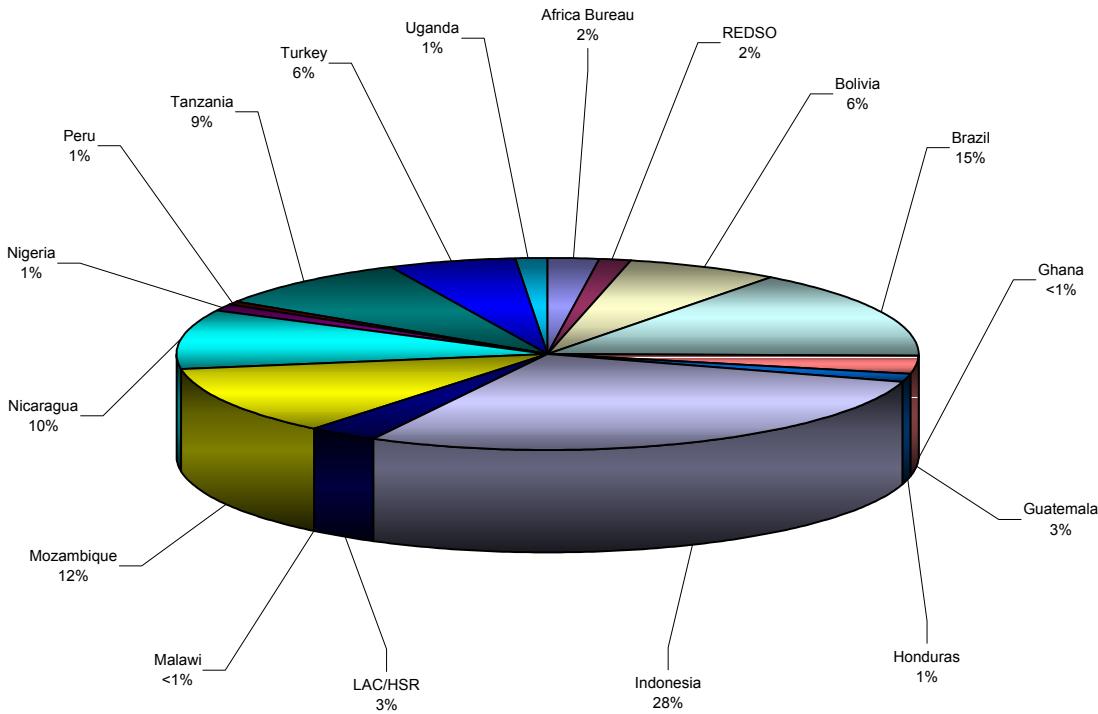
M&L
Expenditures Project-to-Date
By Project Year
(Oct 00 - June 03)

Field Support
Core



Expenditures Project-To-Date			
	PY1	PY2	PY3
Field Support	\$624,709	\$4,325,228	\$12,631,261
Core	\$4,060,191	\$4,762,887	\$5,992,379
Total	\$4,684,900	\$9,088,114	\$18,623,640

M&L
Field Support Expenditures Project-To-Date
Oct 00 - June 03
(Excluding Afghanistan)



Field Support Expenditures*		
Africa Bureau	\$213,771	
REDSO	\$159,178	
Bolivia	\$649,770	
Brazil	\$1,504,959	
Ghana	\$24,418	
Guatemala	\$307,325	
Honduras	\$113,083	
Indonesia	\$2,819,525	
LAC/HSR	\$317,960	
Malawi	\$6,373	
Mozambique	\$1,170,564	
Nicaragua	\$998,600	
Nigeria	\$113,543	
Peru	\$55,271	
Tanzania	\$885,954	
Turkey	\$576,936	
Uganda	\$127,793	
Total	\$10,045,023	

*Excluding Afghanistan

M&L
Project Year 3 Expenditures
(July 02 - June 03)

SD/Team/Country	Total Expenditures
CORE FUNDING	
Strategic Direction 1 - Capacity Building	
Nicaragua MOH - Leadership Development Program -	55,231
India	129
Egypt	335,560
Ghana	930
Guinea	131,241
Technical Assistance Products	194,858
Vitual Public Health Campus	280,649
Compendium	44,236
Leadernet	214,463
Consulting for Results	11,699
Manager: Financial Incentives	0
Manager: Leading in Decentralization	66,159
Manager: Managers Who Lead	459
Manager: FIMAT	37,306
Manager: Organizational Climate	41,206
Manager: Translation/Print/Distrib	128,199
Leadership Booklet	36,157
Leadership Handbook	10,113
CAFS Leadership Activities	410
Management Link	3,218
E-Learning Pilot	2,470
Capacity Development Planning	26,058
Human Capacity Development	266,160
Total SD 1	1,886,909

Strategic Direction 2 - Systems	
Uganda - FLEP	5,271
Contraceptive Security	0
MSH Coordination	27,018
Internal Systems	6,873
CP Systems Manuals	13,505
Business Planning - Africa	142,075
Business Planning - PROCOSI	105,473
NGO Networks - CBD Seminar	4,630
MAQ	69,042
Performance Improvement	12,161
Bolivia Municipality Leadership	46,125
MOST	71,637
Mini-Most	21,096
Toolkit	60,318
Total SD 2	585,224

Strategic Direction 3 - South to South	
Technical Coopernation Networks	559,243
CAFS - Strengthen M&L Partnership	55,105
Consultant Support Center/Virtual Hub	108,006

M&L
Project Year 3 Expenditures
(July 02 - June 03)

SD/Team/Country	Total Expenditures
MSH do Brasil - Build Capacity	68
Mexico - Seed project with CONASIDA	18
Virtual Workshop - Writing Concept Papers	22,362
LeaderNet Brazil (ECU)	1,383
Graduating Countries	19,372
Total SD 3	765,558

Strategic Direction 4 - Knowledge Management

Knowledge Synthesis	258,978
Planning/Monitoring/Evaluation	231,114
Special Studies	306,838
Print Communication Products	158,838
M&L Web Space (EPG)	41,528
ERC- CD ROM + Spanish (EPG)	10,659
Community Health (EPG)	5,613
Electronic Communication Products (EPG)	2,657
Electronic Tools (EPG)	1,304
Fellows Program: Collaborative Workspace Pilot	4,572
Electronic Resource Center (EPG)	14,448
Consultant Support Center (Rollover)	945
Providers Guide to Qual & Cult (Pop)	153,325
Providers Guide to Qual & Cult (IAA)	60,077
Total SD 4	1,250,896

World Wide

EPG Project Management	125,351
Publications Project Management	133,898
Project Equipment	44,447
Staff Development and Project Representation	45,833
New Business	175,338
Total World Wide	524,868

Research & Evaluation

Total RE	166,417
-----------------	----------------

Programs Unit

Total Programs Unit	563,021
----------------------------	----------------

Staff And Prod. Devlp Unit

Total Staff And Prod. Devlp Unit	249,486
---	----------------

Total Core	5,992,378
-------------------	------------------

M&L
Project Year 3 Expenditures
(July 02 - June 03)

SD/Team/Country	Total Expenditures
FIELD SUPPORT	
Afghanistan	
Core/Defense Subtotal	3,120,871
Core/Population Subtotal	3,068,989
Total Afghanistan	6,189,860
Bolivia	
Population Subtotal	284,467
Child Survival Subtotal	56,377
Infectious Disease Subtotal	35,766
Total Bolivia	376,610
Brazil	
TB Subtotal	282,318
HIV/AIDS Subtotal	482,803
Total Brazil	765,121
Ghana	
Total Ghana	24,418
Guatemala	
APROFAM - Population	156,413
APROFAM - Child Survival	61,515
Total Guatemala	217,928
Honduras	
Total Honduras	73,112
Indonesia	
Total Indonesia	2,084,300
Region - LAC	
Child Survival Subtotal	31,495
HIV Subtotal	32,556
Population Subtotal	136,388
Total LAC	200,439
Malawi	
Total Malawi	6,373

M&L
Project Year 3 Expenditures
(July 02 - June 03)

SD/Team/Country	Total Expenditures
Mozambique	
Ministry of Health	574,289
Malaria	596,275
Total Mozambique	1,170,564
Nicaragua	
Profamilia Population Subtotal	16,268
Child Survival Subtotal	311,252
Ministry of Health	353,787
Total Nicaragua	681,306
Nigeria	
Total Nigeria	113,543
Peru	
Total Peru	11,592
Region Africa	
Total Region Africa	18,531
REDSO	
REDSO Child Survival Subtotal	60,006
REDSO HIV/AIDS Subtotal	74,629
REDSO Population Subtotal	22,336
Total REDSO	156,971
Turkey	
Total Turkey	9,205
Tanzania	
HIV Subtotal	381,943
Population Subtotal	21,652
Total Tanzania	403,595
Uganda	
Total Uganda	127,793
Total FS	12,631,261
Total Project	18,623,639

We are currently only able to report preliminary expenditures through June 30, 2003.

M&L
Cost Sharing
Through June 2003

Country/Activity	Donor	Description	Amount
Afghanistan: Health Resources Survey*	European Commission	The European Commission has covered a variety of costs associated with carrying out the Afghanistan National Health Resources Survey	\$493,011
Afghanistan: Health Resources Survey*	JICA (Japanese Int'l Cooperation Agency)	The European Commission has covered a portion of equipment costs associated with carrying out the Afghanistan National Health Resources Survey	\$17,520
Afghanistan: Health Resources Survey*	UNFPA	The European Commission has covered a variety of equipment costs associated with carrying out the Afghanistan National Health Resources Survey	\$328,546
Bahamas: Adolescent Reproductive Health	JOICFP (Japanese Organization for Int'l Cooperation in Family Planning)	MSH staff conducted a two-week training workshop for the Bahamas Family Planning Association on project management and data monitoring, as part of a program to strengthen the institutional capacity of BFPA.	\$11,525
Brazil: State Personnel Service	UNFPA	MSH staff provided technical assistance to the state and municipal agencies in Brazil, in improving management systems, capacity building and increasing quality of services.	\$58,838
Brazil: TA to Sao Paulo SOH	Levi Strauss Foundation	MSH staff developed course curriculum and conducted a workshop on "Managing Integration of Reproductive Health and STD/AIDS services" for the Sao Paulo State Secretariat of Health staff. Issues of "The Manager" on this topic were translated into Portuguese.	\$14,533
Burkina Faso: Transformation Process	IPPF	MSH staff assisted family planning associations in Burkina Faso & Madagascar, in developing business strategies and supporting plans, and other sustainability-related issues as the organizations transform their focus from general services to adolescent youth services.	\$35,705
IBP Conference	WHO	MSH staff presented the Leading and Managing Framework to the international community at the International Conference on Implementing Best Practices.	\$5,589
In Kind Cost Share	Various		\$13,751
India: CORE India Consultancy	IPPF	MSH provided a training and practicum in the use of CORE in collaboration with Vision 2000 Fund staff for a selected family planning association in Southeast Asia.	\$15,549
Mexico: Assistance to MOH	Calides	MSH staff assisted the Ministry of Health in Mexico in developing their Strategic Direction.	\$369
Mexico: Prog. de Aseguramiento	Calides	MSH staff assisted Calides, an organization based in Mexico, in developing monitoring systems and Performance Improvement processes through conducting workshops.	\$10,963

M&L
Cost Sharing
Through June 2003

Country/Activity	Donor	Description	Amount
Mexico: Strategic Planning	Calides	MSH staff assisted the Ministry of Health in Mexico in developing their Operational Planning Processes for the Reproductive Health Direction.	\$11,155
Papua New Guinea: HSSP HRD	Australian Aid	MSH staff worked in PNG to develop a national human resource strategy for the publicly financed health sector.	\$364,782
US: BU Course	Boston University, School of Public Health	MSH staff taught and prepared students for the 2000 Management Methods for International Health Certificate Program.	\$1,072
US: BU Course	Boston University, School of Public Health	MSH staff designed and taught a 2 hour credit course at Boston University School of Public Health on Management of Reproductive Health Programs in Developing countries.	\$3,861
US: BU Course	Boston University, School of Public Health	MSH staff taught, prepared and advised students for a Management and Finance for International Health course at Boston University.	\$1,516
US: BU Course	Boston University, School of Public Health	MSH staff taught, prepared and advised students for a Management and Finance for International Health Course at Boston University.	\$11,437
US: BU Course	Boston University, School of Public Health	MSH staff taught, prepared and advised students for a Management and Finance for International Health course at Boston University.	\$1,228
US: CORE-India Web Support	IPPF	In collaboration with IPPF Vision 2000 Fund, MSH provided follow-up technical assistance and support to the participants of the Bhopal CORE training through a Web-site and email. The support involved reviewing workplans and progress on the participants cost and revenue analysis, and was done with the assistance of MSH's Electronic Communications Unit.	\$7,243
WW: Rockefeller LLITNs	Rockefeller Foundation	In collaboration with Rockefeller, UNICEF and WHO, MSH prepares a strategic plan for the accelerated development, manufacturing and widespread distribution of long-lasting, insecticide-treated bednets to reduce transmission of malaria.	\$16,969
WW: UNICEF LLITNs	UNICEF	With Rockefeller, MSH will produce the Market Assessment portion of this multi-faceted strategic plan. Market assessment includes a comprehensive analysis of the market, both in financial and demographic terms. MSH will produce the Producer Analysis (study of issues faced by manufacturers, including cost models and projections) and Business Plan and Strategy Development (provide a roadmap for manufacturers, suppliers, donors, etc. for scaling up supply and demand for bednets in Africa)	\$46,195
WW: WHO LLITNs	World Health Organization	portions of this multi-faceted strategic plan.	\$13,073

M&L
Cost Sharing
Through June 2003

Country/Activity	Donor	Description	Amount
WW: SEAM	Gates Foundation	The Gates/ SEAM project has covered a variety of costs associated with the development strategies, tools, and templates in the area of information and communication, all of which will benefit M&L electronic products.	\$3,035,256
Total Cost Share Realized			\$4,519,685
5 Year Cost Share Commitment			\$ 6,500,000
Cost Share Remaining			\$ 1,980,315
% of Commitment Achieved			70%
% of 5 Year Project Completed			60%

* *Estimated Amounts*

The Managers' Framework of Leading and Managing

Enabling organizations and programs to achieve sustainable results under complex conditions	
LEADING	MANAGING
<p>Aligns the internal organization with external conditions, and personal interests with organizational mission</p> <p>SCANNING</p> <ul style="list-style-type: none"> • Know yourself, your values, your strengths, and your weaknesses • Know the aspirations and interests of others in your organization • Identify customer needs, partners and competitors, and organizational challenges • Recognize the key trends in your environment <p>Organizational Outcome: The organization gains an overview of its external and internal conditions, based on continually updated knowledge.</p> <p>FOCUSING</p> <ul style="list-style-type: none"> • Focus the organization's attention on the critical challenges • Collectively define the organization's purpose/mission • Engage the organization in strategic thinking • Identify priorities <p>Organizational Outcome: The organization has a defined mission, strategy, and priorities, which are understood and used to direct work throughout the organization.</p> <p>ALIGNING/ MOBILIZING</p> <ul style="list-style-type: none"> • Ensure congruence of the mission, strategy, structure, systems, and daily actions • Coordinate organizational goals with those of work groups and individuals • Create and facilitate teams where needed • Link rewards and recognition with goals • Mobilize external and internal resources <p>Organizational Outcome: Work groups throughout the organization have plans that are aligned to support the organization's strategy and have sufficient resources to carry them out.</p> <p>INSPIRING</p> <ul style="list-style-type: none"> • Demonstrate integrity in interactions • Show trust and confidence in all staff • Provide staff with clear challenges, feedback and support • Support creativity, innovation, and learning <p>Organizational Outcome: Staff at all levels are committed to the organization's mission and to continuously learning and innovating.</p>	<p>Aligns the internal parts of the organization</p> <p>PLANNING</p> <ul style="list-style-type: none"> • Set short-term organizational goals and performance results • Develop multi-year and annual plans • Allocate resources (money, people, and materials) <p>Organizational Outcome: The organization has defined results, assigned resources, and an operational plan.</p> <p>ORGANIZING</p> <ul style="list-style-type: none"> • Ensure a clear structure of accountability and authority • Establish effective systems in human resource management, finance, logistics, quality assurance, operations, information, and marketing • Develop work processes <p>Organizational Outcome: The organization has functional structures, systems, and processes for efficient operations. Staff are organized and aware of job responsibilities and expectations.</p> <p>IMPLEMENTING</p> <ul style="list-style-type: none"> • Integrate systems and coordinate work flow • Balance competing demands and decisions • Provide knowledge and skills to be more effective • Provide challenge, feedback, and support <p>Organizational Outcome: Organizational activities are carried out in an efficient, effective way.</p> <p>MONITORING & EVALUATING</p> <ul style="list-style-type: none"> • Monitor progress against plans, provide feedback, and make adjustments • Identify needed changes and improvements • Develop improved work processes, procedures, and tools • Continuously learn and apply knowledge acquired through monitoring and evaluation <p>Organizational Outcome: The organization gains information about the status of achievements and results, and applies ongoing learning and knowledge.</p>